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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

UNIVERSITY COLLEGE HOSPITAL.

GUNSHOT WOUND: BALL ENCYSTED IN FRONT OF LUMBAR REGION OF SPINE: DEATH FROM DISEASED VERTEBRÆ AND ABSCESS.

Under the care of J. E. ERICHSEN, Esq.

[*From Notes by* F. B. JESSETT, Esq., *House-Surgeon.*]

WILLIAM L., aged 24, was admitted, under Mr. Erichsen's care, on February 9th. He had been wounded on Sept. 8th, 1855, at the attack on the Redan, by a musket-ball, which entered the left side of his chest, between the sixth and seventh ribs. The regiment was ascending an incline at the time when he was struck. He was immediately taken to the rear, and thence to the hospital, where the surgeons endeavoured to extract the ball, but without success. He lost a large quantity of blood from the wound, and passed blood in the urine for the next twelve days. He continued also to spit blood for four or five months. After remaining for some time in the military hospital, he was invalided, and sent home. By the time he had arrived in England, he had recovered his strength sufficiently to do some light work, and managed to gain a livelihood till about a month before his admission, when he noticed a swelling in the right lumbar region, which kept on increasing in size.

The swelling, on his admission, was as large as a cricket-ball. Mr. Erichsen opened it as soon as possible, in the hope of discovering the bullet. About a quart of pus escaped; but examination by means of a probe gave no indication as to the cause of the formation of the abscess. The abscess was poulticed, and the patient was ordered to remain in bed, and continued without material change till the end of February, when his legs began to swell, and this was followed by ascites and anasarca. The physician (Dr. Jenner) was asked to examine him, and found mitral regurgitation and hydrothorax on the left side. The urine was found to contain large quantities of albumen, with some blood and pus. The man continued to get much worse, and the dropsy increased till the beginning of April. His appetite then entirely failed, and he would take nothing except ginger-beer, of which he used to drink six bottles a day, and had no other nourishment for the last three weeks of his life. During this time the dropsy kept on diminishing, and at the time of his death (April 25) had quite disappeared. Death appeared to be occasioned by exhaustion.

On *post mortem* examination, there was found to be not more than the usual quantity of fluid in either pleura. The right lung was healthy. There were slight adhesions at the back of the lower lobe. The left lung was also healthy; but was firmly adherent at the posterior and outer part, corresponding to the point where the bullet had entered the chest. The liver was much enlarged, weighing seven pounds and a half; it was exceedingly hard and friable, and, when cut, presented a waxy appearance. The gall-bladder was much thickened and enlarged, and contained pus. The right kidney, with the suprarenal capsule, weighed fifteen ounces. It was in an advanced stage of fatty degeneration. The left kidney was in the same state as the right, and weighed fifteen ounces and a quarter. Between the kidney and suprarenal capsule was an aperture, evidently made by the ball, large enough to admit the little finger. The spleen weighed thirteen and a half ounces. It was adherent to the diaphragm, ribs, and stomach, and presented a notch on its anterior margin, which corresponded to an opening in the diaphragm, and to the wound in the chest.

The course of the ball appeared, therefore, to have been the following: It had entered the chest between the sixth and seventh ribs, in a line with the axilla, passed through the lower part of the left lung, through the diaphragm, cutting a notch out of the anterior margin of the spleen, near its middle; and had then passed between the left kidney and suprarenal capsule to the vertebral column, punching a piece out of the second lumbar vertebra; it had then glanced forwards under the great vessels, and had ultimately lodged between the vena cava and the right renal artery.

The ball was encysted, and lay quite quiet; but the vertebra behind was fractured and carious, and it was the bone which gave rise to the abscess. On opening the latter, it was found to extend from the diaphragm to half an inch below the crest of the ilium. A small abscess was also found on the left side, in front of the injured bone.

REMARKS. It is so rarely that opportunities occur in our London hospitals of examining cases of fatal gunshot wounds, that any such cases which present peculiar features are worth preserving. In this case the history, as well as the *post mortem* examination, proved that the lung had been wounded, though superficially, by the bullet. This wound, however, had perfectly healed, as had those of the numerous viscera which had been touched by the bullet. The fatal termination of the case appears to have been due principally to the disease which had been set up in the bones; though, doubtless, the degeneration of the kidneys and liver contributed to the failure of the patient's powers. As to the latter condition, it may be questioned how far the visceral disease was due to injury of the organs themselves or of their nerves, or was a consequence of the illness induced by the wound, or a mere coincidence. The complete subsidence of the dropsy, especially under a purely fluid diet, is another singular feature of the case. So little, however, is known as to the causes which regulate the appearance of dropsy, that it is idle to speculate upon the subject. The only thing which is proved in the present case is, that the dropsy did not depend upon the pressure of the cyst containing the ball upon the vena cava.

ST. GEORGE'S HOSPITAL.

TETANUS IN CHILDREN.

IN Mr. Curling's work on *Tetanus*, the reader will find a table exhibiting more than one hundred and thirty cases of this disease, in which only three are reported under the age of ten years. From this the author reasonably infers that the disease is rare in childhood. It has occurred to us, however, to see several cases lately among the patients affected with tetanus who have fallen under our notice. One such case was given in our number for April 24th, and two others are here appended.

In the first of the two, it will be observed that a formation which must be classed as morbid, since it was certainly much in excess of the natural fat of the part, was found lying in the spinal canal. That it had anything to do with the production of the symptoms seemed unlikely, since the latter did not show themselves till the application of a cause of irritation sufficient for their production; the cord did not display any unnatural appearance in the part affected; and that part was below the origin of most of the nerves whose function was interfered with. The presence, however, of this deposit, reminded those who saw it of the "granules" on the spinal cord which formed so prominent a feature in the medical examination in the famous case of Cook and Palmer; and such a case, if it had been put on record before that event, would no doubt have been set forth in its full importance by the ingenuity of the counsel for the defence. It remains, however, to be proved that such deposits, whatever their nature may have been, ever set up tetanic symptoms; and certainly the fact of their having been found in a case of tetanus which differed in no important

particular from other similar cases can hardly be considered a very strong argument either way. In a case which we reported last year (pp. 125, 252, vol. for 1857), the presence of a fatty tumour pressing on the cord had occasioned convulsive movements; but in the present case there seemed to have been no pressure, and there was no history of convulsions. Whether, if the tumour had been left to grow, these symptoms might not have followed, it is not easy to say; but it seems probable that they would.

The second case is also interesting, from the length of time which the symptoms lasted; and further, as showing the regularity with which union progressed, and the success with which the fracture was treated, in a subject agitated with constant tetanic spasms.

Case I. Henry D., aged 3½, was admitted March 14th, 1858, under the care of Mr. Johnson, with a scald from hot water, received half an hour before. He was quiet and sensible on admission. The upper and inner part of both thighs, genitals, nates, and lower part of the body, were scalded.

March 15th. He had slept well; the pulse was quiet during the day; the appetite good. In the afternoon, when about to be dressed, the boy was lying on his back; he gave a sudden start, and all the muscles of the body became convulsed; the face was livid; the eyes fixed and staring. He was insensible. A short time afterwards, spasms came on like general tetanus, chiefly about the mouth; there was trismus to a certain extent; the pulse was rapid; the bowels were not open.

℞ Pulv. ipecac. comp. gr. iij; hydrargyri chloridi gr. iij. M. Fiat pulvis statim sumendus.

℞ Syrupi papaveris ʒss; haustûs salin. ʒiss. M. Fiat haustus 4tis horis sumendus.

Throughout the day the spasms continued at intervals, chiefly about the face; he was restless; the eyes were fixed; he appeared to be in no pain, but took no notice of his friends. The pulse varied remarkably even in two minutes; the spasms were never more than momentary.

March 16th. The bowels were not open. Soap and water injection was given effectually. He was pretty quiet and insensible during the night; the spasms were few and slight. The pupils were much contracted. The face was flushed; the skin cool; pulse 120, weak. The poppy syrup was omitted; and he was ordered to have port wine and beef-tea. He did not take much food.

March 17th. He was quiet, and stared about, apparently seeing nothing; pulse feebler, but stronger during the day. He became quite sensible, and put out his tongue when asked; he was very restless in bed, and refused beef-tea, but took milk. No spasms occurred. In the evening, he was quiet again, and lay as if awake; but took no notice of his friends. Pulse weaker. The scalded surface was looking unhealthy.

March 18th. He was improved, and was more sensible; he noticed his friends, and took a little food. The bowels were open; and he passed urine.

March 19th. The burn was sloughing. The boy was often found dosing, with the head always thrown back. No spasms occurred. He refused food, but took wine.

March 20th. The pupils were very dilated; pulse weak and quiet. The head was thrown back; but there were no spasms. The burns were very unhealthy; bowels not open; tongue coated.

March 21st. He was in the same state, always restless when touched. He took nothing but wine. He passed urine. He was decidedly opisthotonic. Sordes were present about the mouth.

March 22nd. He was less strong, more comatose. The eyes were little sensible to light and touch; the pupils dilated. He was very restless; took milk and wine; put out his tongue when asked. During the evening, he screamed out repeatedly, and was very restless, rolling on the face and back. He was semi-comatose; the eyes were fixed; he noticed nothing; tongue dry and brown; bowels open. The head was thrown back, so that it nearly touched the scapulæ.

March 23rd. He died at a quarter to 8 A.M.

On *post mortem* examination, forty-hours after death, the brain was found healthy, its veins perhaps rather fuller than natural. The spinal cord was found to terminate at the level of the last dorsal vertebra. Lying on the spinal membranes, at their back part, and extending from the lower part of the cervical to the middle of the dorsal region, was a lobulated collection of fat, apparently the result of an increase in the quantity of fat usually found in this situation between the periosteum and dura mater. There was no proof of pressure on the cord, which presented a uniformly healthy appearance, both here and throughout its entire length. The glands in the duodenum were prominent, and two of them decidedly enlarged. All the other viscera were healthy.

Case II. Edward W., aged 8, a delicate looking child, was admitted on January 27th, under the care of Mr. Cutler, with a compound fracture of the right leg in the lower part. There was a rather large wound on the outer side of the leg, but the bone was not comminuted, and did not protrude. It was easily brought into position, and retained there. The child was quiet and docile, and seemed likely to do well. On the day after admission, he seemed feverish and restless, on which account a purge of calomel was given, and repeated next day.

January 30th. He was found to be weak, with small rapid pulse, and complaining of pain about the face and neck. The stimulant plan of treatment was adopted—five grains of carbonate of ammonia every six hours, and two ounces of red wine daily. During the next few days, his condition did not greatly change, but the debility increased, as did the pain about the face; and the tetanic stiffness about the muscles of the neck became more clearly marked.

February 2nd. He lost the power of mastication.

February 6th. He was attacked with spasms of the muscles of the jaw and back. The aid of a physician was now called in, and under his direction the tincture of opium was administered in doses of five minims every four hours, but this had no effect in diminishing the severity of the tetanic spasms. On the 8th, he was ordered a drachm of tincture of bark with a teaspoonful of water every four hours, and port wine *ad libitum*, with fifteen minims of tincture of opium at bedtime. He was now hardly capable of taking food by the mouth, so that beef-tea injections were given every four hours, and fragments of strong jelly placed in his mouth frequently. The injections were well retained, and a good deal of the food and medicine prescribed were administered, but the spasms increased in severity, the face being at these times much drawn, the mouth firmly closed, and the body strongly arched. Similar treatment was pursued, but he continued in the same state, and began to lose strength. On the 14th, the effect of small and frequently repeated doses of belladonna was tried (five minims of liquor belladonnæ every three hours); but all remedies failed, and he died on the 18th, much exhausted by protracted suffering.

The brain, spinal cord, and all the viscera were found healthy. The right tibia was fractured irregularly across, at the junction of the lower and middle thirds. There was no displacement. There was a large superficial granulating surface over the fracture at the outer part of the leg. A large nerve was traced into this surface from the musculo-cutaneous; it appeared quite healthy. The fracture did not, at the time of the *post mortem* examination, communicate with the wound.

Original Communications.

SUCCESSFUL CASE OF CÆSAREAN OPERATION: MOTHER AND CHILD SAVED.

By James Hawkins, Esq., Newport, Monmouthshire.

The patient, Matilda Tanner, was 20 years old, and four feet one inch high. Her mother states of her, that she had been "hurted in her birth". She made no effort to talk before her fifth, and could not speak distinctly until her twelfth year. Her deciduous teeth did not appear until she was eight years old. At this age, too, she made her first essay to walk with crutches, with which she could not dispense until she had attained the age of ten. She menstruated first in her eighteenth year; thence to the period of her confinement only four times, at irregular intervals, and in small quantities. From the age of twelve to twenty, she enjoyed uninterrupted good health.

February 17th, 1858. Labour pains commenced. I saw her next day; and, upon examination *per vaginam*, found that the dimensions of the pelvis were very irregular and small, the last lumbar vertebra projecting so far over the brim of the pelvis that the antero-posterior diameter, or rather the distance between the symphysis pubis and last lumbar vertebra, did not exceed an inch and three-quarters. Expulsive pains not having commenced, I left her till next day.

February 19th. I again visited her, in company with Messrs. Brewer and Woollett, both of whom coincided in opinion with me that the Cæsarean section was the most feasible—the only

means whereby the life of the fœtus could be preserved, and, under the circumstances, the most favourable to insure the life of the parent. Accordingly, in their presence, and with my assistant, Mr. Charles McArdle, having previously obtained the consent of the patient and her parents, I proceeded to operate. The bowels had been frequently moved during the day; the bladder was emptied; and, about a quarter of an hour before the operation, the membranes had ruptured without interference, the os being dilated about the size of a half-crown.

Having been placed on a table, with her legs hanging over one end, and her head and shoulders slightly pillowed up, she was put under the influence of chloroform. I commenced an incision about half an inch to the left of, and the same distance below, the umbilicus, extending about eight inches towards the pubis, and parallel to the mesian line. The integuments and subcutaneous adipose tissue having been cut through, the subjacent tendinous structures and peritoneum were successively divided to the same extent as the first incision. The uterus, being now exposed, was cut into to the extent of about six inches, bringing to view the fœtus, which presented naturally, with the funis coiled round it. The fœtus, placenta, and membranes, having been carefully removed, the uterus contracted firmly, almost immediately. A small portion of omentum that protruded having been returned, the parts were quickly brought together with sutures, and long strips of adhesive plaister in their intervals; over this were placed a few rolls of lint; and a broad bandage being tightly applied over all, she was removed to bed. No vessel required ligature, and there was very little hæmorrhage during the operation. The baby, being detached from the placenta, was consigned to the care of a female attendant; and, when seven days old, weighed eight pounds and a half. After being conveyed to bed, the patient was ordered to have one of the following powders.

℞ Pulveris opii gr. vj; hydrarg. chloridi gr. iij. M. Divide in pulv. iij, quarum sumat unam 3tiis horis.

10 P.M., four hours after the operation. The pulse was 102. She had taken two of the powders, did not complain of pain, and had a slight discharge from the vagina.

February 20th. She passed a restless night, but without pain; pulse 96.

℞ Pulveris opii gr. xij; hydrarg. chloridi gr. vj. M. Divide in pilulas vj, quarum sumat unam 4tis horis.

February 21st. She slept five or six hours last night, and passed urine for the first time. She had occasional pain, like uterine pain, in the abdomen, which yielded a tympanitic sound on percussion. Pulse 94. In the evening of this day, the uterine pain became more severe and frequent, and there was tenderness on pressure over the abdomen. She had pain in the head also, and an anxious countenance. There had been a slight bloody discharge from the vagina, which was very fœtid. The pulse rose to 104.

℞ Pulveris opii, hydrarg. chloridi, ää gr. vj. M. Divide in pilulas vj, quarum sumat unam quâque horâ.

February 22nd. She slept a little occasionally last night. The tympanitis and abdominal tenderness were rather increased. Pulse 96, intermittent. In the evening, the pulse was 130, small and wiry. The uterine pains recurred more frequently, and were the more distressing, owing to the tympanitis which still continued, and the peritonitis which had now supervened.

℞ Decocti avenæ Oij; sodæ chloridi ℥ss. M. Ft. injectio statim utenda.

This was retained entire for two hours, after which the bowels began to act freely. She was ordered to have eight grains of Dover's powder at bed-hour.

February 23rd. She had no sleep last night. The gums were tender; pulse 134; the bowels were moved frequently and involuntarily. Peritonitis and tympanitis still continued.

℞ Ætheris chlorici, spiritûs ammoniæ aromat., ää ʒij; tincturæ cinchonæ comp. ℥ss; aquæ ʒiij. M. Fiat mistura cujus sumat ℥ss quâque horâ.

The uterine pain recurred in the afternoon. At night, the pulse was reduced to 120.

℞ Pulveris opii gr. xij; calomelanos gr. vj. M. Divide in pilulas vj, quarum sumat unam secundâ quâque horâ.

February 24th. She slept a little last night. The bowels were still acting very freely. She had a slight discharge from the vagina. Pulse 120. The tympanitis was much less, the peritonitis easier.

8 P.M. She was roused from sleep by a sudden noise, after which she grew fretful. The uterine pain recurred more severely, and the pulse rose to 132. She was ordered to continue the last pills, some of which remained, owing to her having slept a good deal this day.

February 25th. She had an easy night. The tympanitis was entirely gone; the peritonitis almost gone. Pulse 120. On this day the wound was opened, and the sutures removed. The upper part looked very healthy, and inclined to adhere; and from the lower end there was a very offensive discharge. Having carefully sponged the wound, I placed a thin strip of lint, spread with spermaceti ointment, along its edges, and brought them closely together with long strips of adhesive plaister, placing a folded towel for a pad on each side. I bound a broad roller over all. After this the patient expressed herself much relieved, but fatigued. She was ordered to have an ounce of brandy in arrowroot directly, and beef-tea frequently. In the evening, her pulse was 120, weak. She called for something to eat. The uterine pain had recurred, but not so severely.

℞ Pulveris opii gr. ij. Fiat pulvis occurrente dolore sumendus. Mitte iij.

February 26th. She had a very good night. The bowels were quiet, and she had very little pain. Pulse 108. She felt comfortable and hopeful. In the evening, the pain recurred as usual. The last powders were repeated.

From this date she continued to progress steadily, with the exception of a troublesome attack of bronchitis, which yielded to appropriate treatment. The wound was dressed every other day with a strip of lint, adhesive plaister, compresses, and roller, as before; saturating the lint with the compound tincture of benzoin, instead of spreading the spermaceti ointment over it, as in the first dressing; and stimulating the edges occasionally with a strong solution of nitrate of silver. The uterine pain continued to occur in the afternoon, but becoming less, and coming on at a later period each day for a week after this date, when it disappeared entirely; it was always much assuaged by two-grain doses of opium, of which she had one each afternoon.

March 18th. She had a slight show of the menstrual discharge.

March 25th. She began to apply the baby to the breast, and in a few days afterwards had a fair supply of milk for it. The cicatrix of the wound measures at present only four inches.

For the first week the patient was kept entirely on milk and farinaceous food, after which she had beef-tea, and in a few days was allowed a small quantity of mutton daily. On the 4th of April, she got out of bed for the first time; since then, she and the baby, a fine little girl, have frequently been in my surgery, and are at present in perfect health.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

LITHOTOMY.

By Augustin Prichard, Esq., Surgeon, Bristol.

[*Read April 29th.*]

In the British Medical Journal for August 29th, 1857, I published three lithotomy cases which had been under operation at the Bristol Royal Infirmary, and from which stones had been extracted by sections in the middle line of the perinæum, as recommended by Mr. Allarton. I have now the opportunity, through the courtesy of my colleagues, of continuing the series and describing five cases which have come under our notice since that time, and which I narrate as nearly as possible in the order in which they were admitted.

Case I. Richard Baulch, aged 21, was admitted on January 29th, of the present year, into the Bristol Royal Infirmary, under the care of Mr. Harrison. He had suffered from the symptoms of stone since his infancy, and latterly the pain and irritation of the bladder have been much increased.

The operation was performed under chloroform by Mr. Harrison, and the section made in the middle line, according to Mr. Allarton's plan. The stone was very large and hard, and required to be crushed before it could be removed; this was done by a strong forceps, with a screw adapted to the handle, and great force was needed to break it up. The weight of the fragments collected was seven drachms and a scruple, and it was apparently composed of oxalate of lime and lithates. He had no bad symptoms at all from the day of the operation, the

only drawback being a slight degree of orchitis, and he went out perfectly cured on March 23rd.

Case II. John Groves, aged 2 years and 9 months, was admitted on February 8th, under the care of Mr. Hore. His symptoms commenced about a year before; and at the date of his admission he was obliged to pass water every quarter of an hour—being, however, otherwise in good condition.

The operation was performed under chloroform on February 19th, by the middle section into the urethra, and a lithic acid stone, weighing two scruples and fifteen grains, was removed without any difficulty whatever.

The urine flowed through the wound until February 24th, when it partly passed through the urethra; and on March 5th, came entirely through the natural channel.

March 20th. He was discharged with the wound entirely healed.

Case III. Lewis Thomas, aged 7, was admitted on February 18th, under the care of Mr. Harrison, and he had apparently been always suffering from symptoms of stone. The distress and irritation were occasionally very severe.

February 26th. In Mr. Harrison's unavoidable absence, Mr. Hore performed the operation, and removed from the bladder by the median section a stone, weighing about half an ounce.

On the day following the operation, the urine passed by the urethra, but subsequently through the wound for a few days. He recovered without the intervention of any bad symptom.

Case IV. Matthew Thomas, aged 9, was admitted on March 11th, under the care of Mr. Bernard; and he had suffered from the symptoms of stone for five years.

Extraction of the calculus by a section into the membranous portion of the urethra through the middle line of the perinæum was performed on March 16th; and after the use of a considerable amount of forcible traction and other means, a large stone was removed, weighing six drachms and a half, and measuring in its greatest length an inch and a half.

The boy suffered from some slight constitutional disturbance and some symptoms of peritonitis, and subsequently from orchitis; the wound progressed favourably, and he was shortly able to pass water entirely through the urethra.

These four operations are very satisfactory and as conclusive as any four cases can be in favour of the operation; for they were varied in their nature—being instances of the removal of small and very large stones from the bladder in children, and of a very large and hard one from the adult; and in neither of them did any symptoms arise subsequent to the operation to give the surgeons any uneasiness as to the ultimate result. They were all straight-forward cases, without anything untoward or complex about them, which can hardly be said of the remaining one which I have to narrate, and which was admitted into the Infirmary under my own care, where he now remains.

Case V. George Davis, aged 56, a tall stout man, a carpenter by trade, was admitted as my patient in the early part of January of this year. His symptoms were very severe, and he had suffered from them for nearly eight months. He was making water every quarter of an hour, and had latterly passed some small fragments of softish stone, making altogether a considerable mass. There was great difficulty in finding the stone. The irritable state of the bladder, and the enlarged prostate, which was indicated at this period of the case by the unusually long catheter and sound required, precluded the use of the lithotrite, and I therefore determined to cut him.

I operated on January 15th, under chloroform, using a straight staff, by which my difficulties were considerably increased. I had always used it in the lateral operation, and thought I could try it in this case. After passing in the long probe, followed by my finger, as far as it would reach, I could not find the stone, and had to introduce a sound again before I could find it. I then removed with the forceps two small soft stones, weighing about one drachm. They were composed of phosphates, and contained some soft fetid matter in their interior. After washing out the bladder, I sent him to bed.

I found the operation puzzling, because of the smallness of the stones, the depth of the perinæum, and the enlargement of his prostate, so that I could not pass my finger beyond the commencement of the prostatic portion of the urethra.

In the evening he was complaining a good deal, and there was frequent oozing of blood; and he passed a restless night.

January 16th. I passed a catheter, and withdrew a little water and clot; and as I took out the instrument, I fancied that it grated over a rough surface.

January 18th. He passed some coagula and urine through the wound and through the urethra, and became better, but he was not entirely relieved; and at the end of February, when only a minute opening existed in the perinæum, I sounded him, and detected a stone in his bladder.

March 6th. I operated the second time, without chloroform, using a curved staff, and cutting in the scar of the previous operation. I withdrew some *débris* of phosphatic matter mixed with mucus, and subsequently a phosphatic calculus in two portions, weighing twenty-six grains, and containing in the centre the same soft matter.

I took some of it home for examination with the microscope, and found in it some excellent specimens of spiral fibre and vegetable cellular tissue, and what I took to be cuticle of some vegetable, with deposits of phosphatic matter in the stomata and cells, whence it was obvious that at some time or other some vegetable tissue must have entered his bladder.

I questioned him closely on this point, and he denied that any woody matter could have got into his bladder; and I could only find that he had met with two severe accidents which had affected his urinary organs; for as a young man he had fallen from a tree in a rookery and injured his back, producing bloody water and severe inflammatory disease of the kidneys. On the other occasion, he had injured his perinæum by falling on a stile, producing symptoms of ruptured urethra; but still the case remained unexplained.

After the second operation, he became much better; held his water well; and on March 20th, he passed a portion of stone as large as a large pin's head, since which time he was much relieved.

On Sunday, March 28th, I questioned him again, as he had begun to complain anew of his old symptoms; and he told me with abundant tears and groans of penitence, that he had before told me a lie; for, ten months ago, having suffered some difficulty in passing urine, he had gone into his garden, where, according to the custom of his country, leeks grew, and finding one small, dried and curved like a catheter, he took it, and moulding the end with his teeth and spitting upon it, he passed it into his urethra, and was relieved. The next day he repeated the experiment, but left an inch or two of leek in his bladder.

March 30th. I sounded him, and discovered another stone.

April 13th. I *operated the third time*, with chloroform and the curved staff. As before, the top of my finger would only just reach the prostate; but I removed with the forceps two calculi, weighing about a drachm, phosphatic and soft, each with a piece of leek in the centre. I then washed out the bladder thoroughly with warm water by means of the stomach-pump.

The next day, all the water came by the urethra, and he improved. His nights became much more comfortable; his appetite continued good; and the urine for the first time became quite clear.

April 22nd (nine days after the last operation). He was ordered a dose of opening medicine, which produced great straining, and his old symptoms reappeared.

April 25th. I sounded him again, and found a stone; and, after consultation, *cut him the fourth time;* the last wound having entirely healed.

I had the greatest difficulty in finding the stone with the forceps, and had to wash out the bladder with the stomach-pump before I could get at it. I then extracted a small one, soft, friable, and phosphatic, as the other, with the same nucleus of leek. He was nearly an hour on the table.

April 28th. He was up and walking about; the urine flowed by both apertures when he contracted his bladder; but he can hold it perfectly. Some plugs and tents introduced to keep open the wound were thrust out by the water. He informed me that he had not been so well for months, so that I am again beginning to indulge hopes that the poor fellow is at last cured.

April 29th. He is without any symptoms of disease of the urinary organs, and looks and speaks cheerfully. He has the hole in his perinæum, which gives him no inconvenience at all; for through it the water only escapes in small quantities at the time when he wishes to empty the bladder.

April 30th. My patient expresses himself as perfectly well; and is going out to-day, to return to Wales to-morrow. To-day is the fifth day after the fourth operation.

The bladder was so large and deeply situated in this case, that at each operation, after all the urine had escaped, I introduced a pair of ordinary lithotomy forceps, and the rings of the handle only remained outside the wound of the perinæum.

Remarks. In this remarkable and singular surgical history, the questions of chief importance are these:—Did the stones

all exist at the time of the first operation? and if so, what steps could I have taken to remove them? and if they did not all exist at the first operation, how could the portions of leek have presented themselves in succession to form the nuclei of these stones?

On my own part, I do not believe that they were all there at first; for I do not think it possible that they could have eluded the repeated examinations made by myself and my colleagues whilst the patient was on the table; and the softness of the stones and their small size are reasons on the same side of the question. If I am correct in this supposition, I do not imagine that the probability of the formation of fresh calculi would have been lessened by the lateral section, even if he had survived the operation, which would have been of a very formidable nature, in consequence of the peculiar depth at which his bladder seems to lie, and the size of the prostate.

My own opinion is that the portion of leek lay macerating behind the prostate, and that shreds were from time to time detached, and became the nuclei of stones; and I think it probable that he is the subject of one of those lobulated prostate glands, by which the urine is as it were filtered through, and none of these shreds can escape by the natural efforts of the bladder.

Although the treatment of this patient has been thus complicated, and his sufferings have been so severe and protracted, yet the case speaks very forcibly in favour of the particular kind of operation adopted, both as regards its safety, the facility with which it may be performed, the frequency with which it may be repeated in the same subject, and the rapidity with which patients recover.

I was sorry to see a fatal case of Allarton's operation narrated in one of the weekly medical journals, as having occurred the other day at Guy's Hospital; for the operation has been so unaccountably long in getting to the London Hospitals, where it might be tried on a larger scale and reported on, that I fear the existence of an unfavourable case may prejudice the chance of its speedy adoption.

If the experiment were fairly tried, I believe the verdict would be strongly in favour of the median section.

Discussion. Mr. CLARK considered that the operation on the median line was devoid of much risk or suffering; but that the position of the opening would be unfavourable to the passage of a large calculus, as it would have to be withdrawn in a more or less horizontal direction immediately beneath the pubic arch. If the stone were crushed, there would be a fear of leaving *débris*, which would not so readily find exit through the opening in the urethra as through the more dependent opening of the lateral operation. There was not so much sympathetic fever following the median operation; and he thought it very applicable to children.

Mr. PRICHARD remarked that the calculus falls towards the opening even more readily than in the lateral operation; that the fear of *débris* need not be an objection; and mentioned a case in which the calculus had been crushed, and no difficulty occurred in entirely removing all the *débris*. He thought the operation more difficult to perform than the lateral, but more safe to the patient.

ROCHESTER, MAIDSTONE, AND GRAVESEND DISTRICT MEETINGS, IN CONNECTION WITH THE SOUTH-EASTERN BRANCH.

OBSERVATIONS ON A CASE OF DISEASE OF THE SUPRARENAL CAPSULES.

By ADAM MARTIN, M.D., Rochester.

[*Read April 9th.*]

FEBRUARY 22nd, 1853. Mrs. M., aged 50, married about six months, small in stature, with light hair, and, until within the last two years, of a very fair complexion, a lively and energetic disposition, and capable of undergoing considerable exertion of body and mind, had, wherever residing, been subject to an attack of hay fever every year in the month of June ever since her infancy, but had enjoyed good health in every other respect. The catamenia were always regular, and rather profuse. About eighteen months ago, her friends observed her complexion becoming browner than natural, and that she did not look so well as usual. She had been subject to pain in the loins for some years, and began last summer to feel difficulty in breathing, and palpitation of the heart, on walking quickly, especially on rising ground; and she began at this period to suffer from loss of appetite, frequent feelings of nausea, and occasional vomiting, which she attributed to biliousness. On February 13th instant, she travelled by train upwards of one hundred and forty miles, and felt much fatigued by the journey.

I was called to visit her on February 22nd; and, having known her many years previously, was much struck with the great alteration in her complexion, and the very shrivelled and sickly appearance of her face. The skin all over the body, especially on the shoulders, face, and hands, was of a dark muddy colour; the eyes looked pearly, and sunk in the sockets; the skin was dry; the tongue coated; the bowels were irregular; the appetite very bad; the thirst was considerable; pulse 110, and feeble. She complained of a distressing and constant throbbing at the pit of the stomach, extending down to the hypogastric region; and of frequent attacks of palpitation of the heart, and of pain in the lumbar region. She could not lie on either side, but on the back only; and was much harassed with a sensation of intolerable fidgetiness all over the body, which prevented her from remaining in one position for more than a few seconds, excepting when asleep. The impulse of the heart was feeble, extending over a large space; and its sounds were low, without *bruit*. The pulsation of the aorta was very loud, from its arch to its division into the iliac arteries. The abdomen was flat. The urine was small in quantity, high coloured, and free from albumen. When sitting up for a few minutes, she said "she felt an empty faintish sensation at the pit of the stomach, as if her inside was drawn into the shape of an hourglass, which compelled her to lie down immediately." All the symptoms increased daily until February 28th, when the vomiting became almost incessant, accompanied with great exhaustion, thirst, and restlessness.

On March 8th, she was seized with a frequent and distressing hiccough, and had a return of the catamenia, attended with excruciating pain in the region of the uterus and bladder. She continued getting gradually worse until 2 o'clock P.M. on the 11th, when she died suddenly, after requesting her attendant to raise her up in bed. She remained sensible during the whole course of the disease, excepting being sometimes a little delirious when under the influence of morphia.

POST MORTEM EXAMINATION, twenty-five hours after death. The body was much emaciated, and generally rigid. The skin all over the body was of a dark bronzed colour, especially over the shoulders, face, and hands. On opening the abdomen, which was very shrunk, the stomach, bowels, liver, spleen, and pancreas, all appeared exsanguine, but otherwise healthy. The left kidney was healthy in structure. The left suprarenal capsule was shrivelled into a mere membrane, without any glandular structure. The right kidney was firmer in structure than natural, and enlarged at its upper end, which had the appearance as if dyed with a strong infusion of logwood. The right suprarenal capsule was converted into a cyst, of about the size of a pigeon's egg, and filled with a sero-purulent fluid. Circumstances prevented me from opening the cavity of the thorax, and examining the state of the heart, which doubtless produced many of the symptoms under which my patient suffered. The treatment was simply palliative; the only relief obtained was from the use of morphia.

This case recalls to my mind several similar but less marked cases of the same nature, and tends to confirm the opinion of Dr. Addison, that it arises from diseased suprarenal capsules.

ON THE PARTIAL HEATS WHICH ARE SOMETIMES MANIFESTED IN CONSUMPTIVE CASES.

By WILLIAM ADDISON, M.D., F.R.S., Maidstone.

[*Read April 9th.*]

A YOUNG lady, aged 18, *six years* ago had measles, from which recovery was protracted. She was subject to sore-throat and frequent colds. She has *now* what her mother calls "a hem". "It is not a cough," she says, "but a hem. Take away that dreadful noise, and my daughter was never better in her life. I have lost a brother and sister in consumption, and I am dreadfully alarmed."

The general appearance of the patient did not denote any illness, and she said she was quite well. Percussion and the stethoscope gave no signs of disease. The pulse was 70 only; functions all regular; tongue clean; etc. She rode on horseback to the extent of eight or ten miles every day, without fatigue; her sleep was good, and there was no pain anywhere. She said she was quite well. Simple medicines were prescribed, and, after a short time, I heard no more of the case

for three years, when I was asked to visit her in consultation. She was now and had for some time been suffering from whooping-cough. She was emaciated; her hair came out; and both percussion and the stethoscope afforded unmistakable evidence of tuberculous disease of the lungs, accompanied by many curious nervous symptoms. For example, she was very hysterical, shrank from the touch of any one placing only a finger on the skin. Everything she handled had to be warmed; any article in the least degree cold produced a painful thrill and shudder. The fingers of one hand were often cold and clammy, whilst at the same moment those of the other hand were hot and dry. Sometimes, on the same hand, two of the fingers were found very hot, and the two adjoining ones quite cold. In a very few weeks the patient died, evidently of tubercular consumption. A *post mortem* examination was not permitted.

Remarks. In this case, the tubercular diathesis was presumable from the statement made by the mother, that members of her family had died of consumption; and this it was that made her view "the hem", or the frequent clearing of the throat, in her daughter, with such dread. I am of opinion that tubercles in the lungs originated in the attack of measles; that they were present in the lungs at the time when she first came to me, notwithstanding the absence of all signs; and I think whooping-cough changed a quiescent morbid condition without signs into an active disease with progressive symptoms.

I would inquire, upon this case, how to account for the partial heats which were observed in the adjoining fingers of the same hand of this lady? or, more generally, how the local manifestation or partial heat of hectic is to be explained?

Lastly, I have observed in other cases of consumption, where the person has been anxious to suppress the cough, that considerable quantities of purulent discharge have been removed from the lungs, simply by what is here called "a hem".

ON THE COMMON SYMPTOM OF RIGOR OR SHIVERING.

By J. H. Gramshaw, Esq., Gravesend.

[*Read April 9th.*]

The object of this paper is not to draw attention to anything like a new disease, or even new symptoms, but merely to endeavour to connect a common symptom with a common disease, which does not appear to me to be generally done. Such an attempt, though perhaps of itself not very new, may probably lead to an useful and interesting discussion, and may elicit valuable opinions from some of our friends on the same subject.

The symptom which I wish to draw attention to is the common one of rigor or shivering; and it appears to me that, in all cases where it occurs, it should lead us to suspect, if not disease, at least disorder, of the liver or its functions. I am not speaking of a simple feeling of coldness, or a chill, as we call it, but of a more decided inclination to shake, such as precedes the attack of many continued fevers. This appears to be best illustrated in what we call ague. In certain districts, a miasma —whatever that may be—arises from the soil; is inhaled, and impregnates the blood; is separated, or partially so, by the liver *from* the blood, but cannot easily be thrown off by the natural action of that organ, and remains, giving rise to a disease which is manifested by shivering or ague. The hot stage I suppose to be merely the stage of reaction. In cases of jaundice, we frequently see rigors particularly manifested, and also in simple *hepatitis*. Even in surgical cases, where that symptom is frequently one of the first to denote the commencement of abscess, may it not be from the elimination by the liver of some impurity from the blood, taken up in its course through the part where the mischief is going on, that this takes place, rather than, as is supposed, by general irritation of the system?

If this is so, will it not be to us a very distinctive guide, in many cases of illness, to trust a little more to the moderate use of mercurial purgatives than we now do; and to be able to assign a better reason for having resort to these medicines in the onset of many diseases attended with rigors, than their mere aperient action—namely, because their immediate action is on the liver, the organ chiefly suffering? For my own part, I think I may say I have often found blue pill as useful in ague as quinine, and have seen cases where the latter was of little service without it. Mr. Skey laughs at the profession generally for commencing their treatment so universally with calomel pills or senna draughts; but if these, or some other form of the same preparation, were not so constantly in use, I believe that attacks of pneumonia, peritonitis, etc., with which we now meet comparatively so seldom, would be of much more common occurrence. In summer diarrhœa, and even in the early stage of cholera, no treatment appears to me so successful as a dose of calomel administered as early as possible, without any of the usual adjuncts of Dover's powder or other forms of opium.

To return, however, to the point from which I set out: in all cases of illness commencing with a decided rigor, I would direct my attention to the liver as the first organ to be set right, though other organs might be implicated, and requiring notice as well. I would always give with other medicines a mercurial in some form or other, and its continuance should depend on the recurrence of that symptom. Though no greater error can occur in medicine than the indiscriminate or excessive use of mercury, yet the reaction to which that abuse has given rise—namely, the avoidance of it as a medicine in almost all cases of illness—I believe to be as bad, if not worse. It would be a great boon to us if some one were to discover a medicine which would exert as energetic an effect on the liver as this drug; but, though several have been recommended, they have all failed in my hands. The search for it is not quite so hopeless as for the philosopher's stone, but at present it has been attended with almost as little result. We must still, however, hope on, and not discard an old friend till we have found a better.

Reviews and Notices.

The Cause of the Coagulation of the Blood: being the Astley Cooper Prize Essay for 1856, with Additional Observations and Experiments; and with an Appendix, showing the Bearings of the Subject on Practical Medicine and Pathology. By Benjamin Ward Richardson, M.D., Licentiate of the Royal College of Physicians of London; Physician to the Royal Infirmary for Diseases of the Chest; etc. pp. 466. London: Churchill. 1858.

[*Continued from page* 373.]

We now come to that part of Dr. Richardson's book where he describes the experiments performed by him with the object of ascertaining the effect of the various agencies, which might possibly have an influence on the coagulation of blood drawn from the body.

Chapter iv contains the details of an Experimental Inquiry into the Physical Agencies influencing the Coagulation of the Blood. The agencies the effects of which are here inquired into are, temperature; addition of water to newly drawn blood; admixture of fluids of different densities (*i. e.*, albumen, syrup, and mucilage); exposure of blood to, or exclusion from, the air; and motion. It is not possible in this place to give anything approaching to a fair analysis of the carefully performed experiments—one hundred and twenty-three in number—which form the groundwork of this chapter. We shall, therefore, do little more than note the author's conclusions.

1. *Temperature.* In performing experiments on the effects of heat and cold on blood, several precautions are necessary. The blood of different animals, and of animals of the same kind under different and even under the same conditions, varies in its period of coagulation. The temperature of the blood itself, and not merely that of the medium in which it is placed, must be observed. Again, the temperature of the surrounding atmosphere must be taken into account; and vessels of the same size and shape must be used. These precautions being taken, Dr. Richardson has arrived at the following conclusion from his experiments with regard to temperature.

"The power of coagulation of blood is reduced in proportion as the blood is absolutely brought down in temperature. Such reduction of temperature may be carried to freezing point; the frozen blood remains uncoagulated until the application of heat; but, on the blood being thawed and exposed to a higher temperature, the process of coagulation manifests itself. Conversely, coagulation is quickened in proportion as the blood is raised in temperature above its natural standard, near to the degree at which the albumen coagulates. If two specimens of

blood, taken at the same time from the same animal, be placed in such positions as to insure an absolute difference in temperature, there is an absolute difference in the periods of coagulation." (pp. 227-8.)

Of one illustrative experiment on temperature we may subjoin the history.

"*Mixture of newly drawn Blood with Ice-scrapings.* I scraped into a cup two teaspoonfuls of ice. I next received an ounce of blood from the neck of a lamb into a cup of the same size and shape. As soon as the blood was in the cup, I transferred half of it into the cup holding the ice, and gently stirred the ice and blood together. The blood left to coagulate naturally at the temperature of the air, 75° Fahr., was so firm a clot in one minute and twenty seconds, that it could be turned *en masse* on to the table. By this time, the ice in the other cup had dissolved in the blood, and the blood was quite fluid. The thermometer bulb being immersed in the cold fluid, the mercury fell down to 50°; and at this point it remained for seven minutes and a half, the blood meantime being entirely fluid. At this moment the mercury began to change its position, and slowly to rise. At the end of two minutes, the blood was thickening; and this process continued until fourteen minutes had elapsed, when the thermometer stood at 60°, and the blood had become an uniform dark and soft coagulum." (pp. 152-3.)

2. *The Addition to freshly drawn Blood of Water* at temperatures varying from 40° to 96° Fahr., and in measures varying from one-half to 128 times the quantity of blood, gave results from which the following conclusion is derived.

"The addition of distilled water to blood, in the proportion of equal parts of each liquid, does not materially influence the period of coagulation, unless the temperature of the water added be raised to that of the blood; under which circumstance, the coagulation is quickened. The addition of distilled water in excess to blood retards coagulation; and, when carried to an extreme, causes a simple separation of fibrine in a pale flocculent or gelatinous form." (p. 228.)

3. *The Addition to Blood of Dense Fluids* (*i.e.*, of at least equal density with the blood) retards coagulation, whatever be the nature of the fluid added, whether serum, mucilage, or syrup. In several of the experiments, the clot had a bright red colour; while that formed after the addition of water was dark.

4. *Exposure of Blood to, or Exclusion from, the Air.* In former chapters of the book, it has been shown that great importance has been attached by physiologists to the retention of blood in closed cavities, and to its exposure to the atmosphere. The facts which have been brought out are, in brief, these: that exposure of the blood to the air, to any gas, or to the vacuum, quickens coagulation; that the process is retarded by occlusion of the blood within the vessels; but that, in certain cases, blood coagulates when effused into closed cavities in the animal body. The effects of exposure or of occlusion have been therefore made the subject of a careful series of experiments by Dr. Richardson. These experiments consisted of the following processes, care being always taken to use blood drawn from the same animal in all comparative experiments: exposure of blood in vessels with closed cavities, and in others having openings of different diameters; diminished atmospheric pressure; transmission of blood through tubes of different diameters; driving air through blood; inclosure of blood in tubes of inorganic material, or in portions of intestine or of vein—pressure under mercury being sometimes employed in addition; observations on leech-drawn blood; reception of blood under oil; and exposure of newly drawn blood to cold and pressure. The results thus brought out have been in the main confirmatory of those already arrived at; they are thus summed up.

"Free exposure of blood to air quickens coagulation. The vacuum also quickens coagulation. Exclusion from air, whether in a vessel of an animal, or in an inorganic structure, retards coagulation; and when to perfect occlusion pressure is added, the retardation is sustained." (p. 228.)

5. *Rest and Motion.* Spallanzani and several other physiologists have argued that coagulation arises from mere cessation of motion; but, as was shown especially by Hewson, the maintenance of fluidity in closed vessels at rest negatives this theory. Here is an apparent contradiction; but Dr. Richardson has shown that there is some truth in both of the conflicting statements, and that they may be reconciled by taking into account the amount of exposure to the air which the blood has undergone. The following is his summary of observations on the effects of motion.

"Agitation of blood in the open air quickens coagulation. Motion in a closed vessel retards coagulation. Blood received into a closed circuit made up of inorganic materials, and constructed so as to imitate closely in physical respects *the* circulatory system, may be kept in motion in such circuit for a brief period without coagulating; but ultimately the fibrine is deposited on the expanded parts of the circuit." (p. 228.)

Chapters v and vi contain an Experimental Inquiry into the Chemical Agencies influencing the Coagulation of the Blood. In the historical chapters of the work, it has been shown that the experiments made with the view of testing the effects of fixed chemical substances on the blood had mostly been of a very vague kind; substances having been used either not existing in the blood at all, or in proportions altogether impossible. Results thus obtained could show nothing with regard to the natural fluidity or coagulating power of the blood. Dr. Richardson, therefore, has limited his investigations to substances which were either known or might be supposed to exist in blood, making it a general rule to use small quantities.

It has already been granted, that whatever explains the fluidity or coagulation of the fibrine explains at the same time the fluidity or coagulation of the blood. The following course of inquiry was therefore marked out.

"1. Does the blood naturally contain any agents which have the power of holding the fibrine in a state of solution? 2. If there is an agent in blood possessing this power, why does it lose its influence when blood is drawn and subjected to those physical influences which we have already proved from experiment to promote coagulation?"

The first step, then, was to ascertain the solubility of fibrine; which, after being purified, dried, and finely divided, was submitted in proportions of two and a half grains each to a thousand grains of solutions respectively of potassa, soda, chlorides of potassium, sodium, and ammonium, sulphate, carbonate, and phosphate of soda, lactates of soda, potassa, and ammonia, formate of soda, urate of ammonia, urea, kreatine, lactine, grape-sugar, and uric, lactic, formic, inosinic, and butyric acids. By these experiments it was shown that

"Fibrine is soluble in simple alkaline solutions of various strengths. The rapidity of solution is much increased by agitation. At first, the fibrine expands in the solution, and assumes a gelatinous appearance; by and by it divides into small portions, and gradually disappears. It would seem that soda is a rather more powerful solvent of fibrine than is potassa. The insolubility of fibrine in solutions of salts, when these are perfectly pure and contain no free alkali, was well marked in all the experiments." (p. 236.)

The organic substances—with the exception of butyric acid when used in large quantities—produced little or no effect.

The next step in the inquiry was to ascertain the effect of various substances on blood; and, with this view, Dr. Richardson performed a series of experiments on the following plan. An ounce of blood was the quantity always used, which was received, as it flowed from the wound in the neck of an animal, into a vial containing the chemical agent dissolved in the smallest possible quantity of water. From experiments performed in this way with a large number of agents, Dr. Richardson arrived at the following summary of results, which we quote as at once disposing of the question as to the effect of fixed substances in regard to coagulation.

"1. The fluidity of the healthy blood seems essentially to depend on the fibrine being held in solution by some chemical agent.

"2. The free fixed alkalies, soda and potassa, possess the

power, in certain definite degrees, both of dissolving fibrine and of holding blood fluid. For holding blood permanently fluid, the proportion of either alkali must not be less than one grain to the fluid-ounce, or one part in 505 by weight.

"3. No normal blood-salt has the power of effecting the solution of fibrine, nor yet of holding blood fluid, except when added in proportions which would be incompatible with life if introduced into the circulation.

"A great deal has been said about the effects of chloride of sodium on blood; and experiments have been over and over again made, to prove that this salt possesses the property of keeping blood in a state of fluidity. This fact is undeniable; but, inasmuch as twenty grains of the salt are required to keep an ounce of blood fluid, it is impossible to presume for an instant that chloride of sodium is the natural blood-solvent. To produce any solvent effect on fibrine itself, a saturated solution of the salt is required; and even then the result is imperfect. . . . .

"Although it is clearly proved that the free alkalies—soda and potassa—exert the property of dissolving fibrine and keeping blood fluid, it is in no way proved that they are the cause of fluidity. Before we could arrive at such a conclusion, we must ascertain which of them, if either, is really present in the blood in the free state. As bases, both exist in the blood; and as the serum of blood is feebly alkaline, it has been presumed that the alkalinity of necessity depends upon the presence of one or the other of these alkalies, or their alkaline salts. It may be so; but even this is difficult to suppose; for if it is true, as has been asserted by various chemists, that chloride of ammonium exists in normal blood, it is difficult to understand how either potassa or soda can exist free in the presence of this salt.

"But, in the absence of any chemical objections of the above nature, there is one simple truth which once and for all negatives the hypothesis that the fluidity of living blood depends on the presence of soda or potassa, or of any fixed alkaline salt, in the blood. The circulating blood is fluid; the drawn blood, left at rest under favouring conditions, coagulates. And it is granted that living blood contains one or other of the free alkalies or their alkaline salts. Yet the last admission in no way affects the two previous facts, because drawn blood must contain the same fixed agents as blood circulating in the vessels of the body. . . . . It is evident that, if such fixed alkaline agents were capable of sustaining the fluidity of the blood during life, they ought to do so afterwards; which we know quite well not to be the fact.

"In experiments on the serum of blood, I have found the serum sometimes neutral, but in the majority of cases feebly alkaline. But that it is never sufficiently alkaline to hold freshly drawn blood fluid, is proved by the very fact of being able to obtain the serum by spontaneous separation." (pp. 258-60.)

The fixed chemical substances having been thus shown to be incapable of affecting coagulation, it remained to be inquired whether the escape of any volatile agents, and of what, had a causative connexion with the phenomenon. Sir Charles Scudamore and Polli had supposed coagulation to be due to the escape of carbonic acid gas; a hypothesis shown to be untenable, so far as regards the gas specially mentioned. Yet powerful circumstantial evidence of the escape of *some* volatile substance was afforded by the results of the physical experiments described in Chapter IV. What was now demanded, therefore, was actual demonstration.

Before examining the nature of the vapours escaping from coagulating blood, Dr. Richardson determined on testing the effect of transmitting blood-vapour through blood. To effect this, he fitted up a simple apparatus, of which the following is a description:

"A Wolf's bottle, capable of holding three pounds of fluid blood, was fitted with three good corks, so as to make it quite air-tight. A bent tube was fitted into one of the corks, so as to descend nearly to the bottom of the bottle by one end, and to be inserted by the other into (the upper part of) a smaller bottle, placed near the Wolf's bottle. From the other side opening passed also a glass tube, which merely dipped into the neck of the Wolf's bottle, and bent over so as to pass to the bottom of another small bottle, of the same size and shape as that already mentioned. The two bottles were also securely corked; but, in addition to the tubes already named as passing to them from the Wolf's bottle, two other tubes emerged from them. When the apparatus was fitted up, it was easy, by means of a small pair of bellows attached to the long tube proceeding from one of the small bottles, to throw a current of air through the whole of the bottles. The current, commencing in the attached tube, passed to the bottom of the small bottle, ascended through one of the bent tubes into the Wolf's bottle, descended to its bottom through the long arm of the tube, then ascended out of the Wolf's bottle, passed to the bottom of the other smaller bottle, and finally, ascending to the upper part of the smaller bottle, escaped through the open tube into the air." (pp. 267-8.)

The apparatus being put in order, and all the bottles being charged with freshly drawn blood from the same animal, the following was the result obtained:—

"The blood through which air was first passed coagulated in two minutes; that in the Wolf's bottle coagulated in three minutes; while the blood in the third bottle, which for a time received the full charge of the vapour, retained its red colour and its full fluidity for eight minutes and a half; as long, in fact, as any vapour could be sent through it. When the vapour failed, and air only began to circulate, this blood coagulated feebly, the fibrine separating and floating at the top." (pp. 268-9.)

The general result was always the same; and showed beyond doubt that blood-vapour contained something which would hold blood fluid. What this something was, remained to be ascertained.

Writers on the blood had noticed water, carbonic acid, nitrogen, and oxygen, as being evolved during coagulation. With the three gases last named, Dr. Richardson made experiments, with merely negative results. Something more, then, was to be sought after.

Following the plan which he had laid down for his guidance in examining the action of fixed chemical substances, Dr. Richardson returned to the possible constituents of blood, selecting such as were volatile; and, from the influence of the fixed alkalies in dissolving fibrine, he was led to inquire whether the volatile alkali, *ammonia*, had any part in the process of coagulation. In determining this point, it was necessary to ascertain, first, whether ammonia were given off from newly drawn blood; and secondly, what influence it had on blood drawn from the body.

To ascertain the presence of ammonia in blood-vapour, Dr. Richardson fitted a Wolf's bottle with a tube projecting from each of the side openings; to one tube was attached a pair of bellows, and to the other a Liebig's potash bulb, charged with perfectly pure hydrochloric acid. The bottle was filled with blood; and, after the vapour arising therefrom had been driven through the acid, the latter was poured out. On the addition of a solution of perchloride of platinum, ammonio-chloride of platinum was constantly obtained.

Another test employed by Dr. Richardson was the formation of microscopic crystals of chloride of ammonium, by causing blood-vapour to pass over hydrochloric acid. This is a most delicate and satisfactory test; but, in employing it, certain precautions are necessary.

"1. The acid used must be distilled over twice, or even oftener, to secure its perfect purity. 2. Before being used, a little of it is to be placed on the microscope glass, evaporated to dryness, and examined by the microscope, to see that it contains no crystallisable substance. 3. In evaporating, the process must be done cautiously and slowly. 4. As the crystals rapidly absorb water, they should be examined directly after experiment. 5. To prevent fallacy, another microscope glass, moistened with the same acid, should be held at a short distance from the blood experimented on, dried, and examined for comparison. With these precautions, the microscope test is at once as delicate as it is easy and satisfactory. I have tried various tests for ammonia since this first suggested itself; but return to it as comprising the advantages of every qualitative test with least trouble and disadvantage. (pp. 277-8.)

Taking these precautions, Dr. Richardson always succeeded by this test in proving the presence of ammonia in blood-vapour. The existence of ammonia, in some shape, was there-

fore absolutely demonstrated; but it still remained to be determined by experiment, whether the volatile alkali had any function in regard to the fluidity of the blood.

The first series of experiments consisted in testing the effect of ammonia on fibrine and on newly drawn blood. The effect on fibrine, whether obtained from whipping blood, or from coagula formed in the heart and vessels during life, was to produce gradual solution. When added to newly drawn blood, either in solution or by being driven into the fluid in the form of vapour, ammonia always retarded coagulation; the blood, in some instances, remaining permanently fluid.

A series of experiments was now undertaken with the object of ascertaining whether the physical agencies which had been shown to influence the coagulation of blood, had a similar effect on blood to which ammonia had been added. The result was, that the physical agencies were found to exert, as a general rule, the same influence on artificially ammoniated as on natural blood.

When blood had been charged with ammonia to permanent fluidity, coagulation was found to be induced by exposure to a temperature of 96° Fahr., by the addition of an acid, or by the very cautious addition of the fixed alkalies or of lime. In performing experiments of this kind with potassa or soda, great care is required to avoid adding these substances in such quantities as will dissolve the fibrine.

Another remarkable class of experiments consisted in the resolution of blood-clot by ammonia, and its re-coagulation by the displacement of the volatile alkali.

We must pass by remarks which the author offers on the form in which ammonia exists in the blood, its quantity, and other points of interest; and, leaving aside also Chapter VII, on the Buffy Coat, pass to Chapter VIII, which consists of the summary of the essay, and which we quote as it stands.

"The total of this essay is summed in two major and a few minor propositions.

"I. *First Major Proposition.* The primary and essential part of the process of coagulation consists in the evolution of a volatile principle from blood.

"This is proved by the experiments which have gone before. These have shown that coagulation is *prevented* by exclusion from air or other gas, by cold, and by cold and pressure; and that it is *retarded* by motion in a closed circuit, and by addition of dense fluids. Conversely, other experiments have indicated that exposure to the vacuum, to the air, or other gases, motion during such exposure, and increase of temperature during such exposure, are each and all physical conditions which *quicken* coagulation.

"With the escape of a volatile agent these conditions are all in perfect accord and harmony; in the presence of any other view, they become mere disjointed and even contradictory phenomena.

"The proof is carried further still in the experiment of passing the vapour of blood through blood, and in the suspension of coagulation which succeeds.

"II. *Second Major Proposition.* The volatile principle thus eliminated from blood is *ammonia*, differing perhaps in formula in different classes of animals, but serving essentially the same purpose in all.

"This proposition is proved by two series of experiments; first, by those which have shown that ammonia may be obtained from blood-vapour; and secondly, by the results which follow the addition of ammonia to newly drawn blood. Still further, but in the same direction, it is proved in the experiments of redissolving the blood-clot or the fibrine-clot in ammonia solutions, and reproducing coagulation by eliminating the ammonia.

"Lastly, the proposition is exemplified by the experiments which show that, in blood held temporarily fluid by excess of ammonia, coagulation is favoured or retarded by the same physical agents as those which favour the normal coagulation of blood.

"The minor propositions which spring naturally from the foregoing, are the following:—

"(*a*) As a result of the evolution of the volatile solvent from newly drawn and liberated blood, the fibrine, which has previously been held in solution in the serum by virtue of the alkalinity imparted by the ammonia, is transformed from the fluid to the solid condition; its particles, coming together, constitute with the blood-corpuscles and serum, in ordinary coagulation, the red clot; and the after separation of the serum is due to the contraction of the fibrine, by a continuance of the same process.

"(*b*) In cases where blood coagulates with its fibrine partly or wholly in an isolated form, the effect arises either from an excess of fibrine, or from slow coagulation (the result of slow elimination of the solvent), or from rapid subsidence of the red corpuscles, or from a combination of these causes; the particles of fibrine are thus brought together in mass, and rise to the surface.

"(*c*) The imperfect coagulability of blood, under the abnormal conditions specified in preceding pages, is due, according to the case, either to an absolute deficiency of fibrine, or to slow evolution or excess of its volatile solvent." (pp. 338-40.)

In noticing Dr. Richardson's essay on the *Cause of the Coagulation of the Blood*, we have aimed at being descriptive rather than critical. For it would have been an act of presumption on our part, to venture to call in question the correctness of conclusions based on nearly four hundred carefully performed experiments, unless we had gone step by step over the same ground with the author. But we feel the less reason for attempting criticism, as the care and honesty with which the evidence has been accumulated, and the simple straightforward manner in which the deductions are expressed, leave no room for doubting the accuracy of the conclusions at which the author has arrived. Some accessory points still remain to be made out; but we imagine that no one knows what is wanted here better than the author himself; and where he makes allusion to unascertained matters, he hazards no speculation, but points them out for future inquiry. But the great problem of the Cause of the Coagulation of the Blood—a problem the solution of which has again and again been attempted with at most only partial success, and frequently with negative results—has been positively settled by an investigation conducted purely on principles the strict following out of which must always guide the scientific inquirer to a correct result. The book contains, in fact, the history of a great triumph gained for physiology by an undeviating adherence to the inductive philosophy.

We must reserve a notice of the Appendix to another occasion.

[*To be continued.*]

Periscope.

MIDWIFERY AND DISEASES OF WOMEN.

PUERPERAL FEVER.

THE Academy of Medicine in Paris has for some time been occupied in a discussion on Puerperal Fever, in which the leading obstetricians of the French metropolis have given utterance at length to their opinions. From among the numerous speeches, we translate that of M. CAZEAUX, as it gives a very good digest of the different opinions entertained.

I think that it would be superfluous, after the speeches which you have heard, to revert to the symptomatology and anatomical characters of the disease, or diseases, collectively described under the names of *puerperal fever* or *puerperal peritonitis*. These points in the discussion appear to me to have been sufficiently studied by M. Depaul and M. Cruveilhier. You are aware of the importance given by the last-named speaker to lymphangitis among the alterations peculiar to puerperal fever; so much so, that he considers it characteristic of that disease. But that opinion has been vehemently disputed by M. Béhier, who maintains, on the contrary, that, in autopsies of women who have died of puerperal fever, he has found inflammation of the veins more frequently than of the lymphatics. This assertion of M. Béhier's has surprised me greatly. I have, for my own part, opened a good number of

bodies of women who have died of puerperal diseases, and I declare that, like M. Cruveilhier, I have found pus much more frequently in the uterine lymphatics than in the veins. Does not M. Béhier's error depend on an anatomical confusion? For it is remarkable that, although he describes the pus as being in other vessels than M. Cruveilhier does, he still finds it in the same parts of the uterus or its appendages; that is to say, in those portions which are particularly rich in lymphatic vessels. But there is one question which has in an especial degree excited the speakers; it is that of knowing what is the nature of puerperal fever, and what nosological rank it is proper to assign to the lesions which it presents.

In this respect the speakers have been divided into two camps. In the one, they admit the existence of an essential fever—of a pyrexia; in the other, they see only local phlegmasiæ. Up to the present moment M. Beau is the only one who has formally declared himself in favour of this latter doctrine. With regard to the doctrine of essentiality, it has found supporters in M. Depaul, who has the most boldly and the most clearly laid down the question; in M. Danyau, who has also spoken out resolutely enough; in M. Trousseau, who, after having formally rejected the puerperal fever, has so well generalised it subsequently, that he has admitted it not only for women in child-bed, but even for women not in the puerperal state at all, for the fœtus, for the new-born child, and for all subjects attacked by any kind of traumatism. M. Dubois has equally announced himself an essentialist; but he has produced no new arguments in favour of that opinion, and he has enveloped his idea in such thick clouds, that it is difficult through such a veil to distinguish a pure essentialist. The question, therefore, is solely and entirely between M. Depaul and M. Beau.

M. Beau appears to me to have replied victoriously to M. Depaul, invoking the epidemic and contagious characters of the disease as proofs of its essentiality. I will not revert to these arguments; but I will add, that one of the characters of pyrexia, viz., the manifestations of the fever some days before the appearance of the local symptoms, as is the case with typhus and small-pox, is not what is observed in puerperal fever, in which the pain, which is the sign of local phlegmasiæ, shows itself almost at the same time as the shivering, which is the sign of the general pathological state. I find also a very good argument against essentialism in the speech of M. Dubois, who nevertheless makes profession of being an essentialist. Have we not heard that honourable professor tell us that the multiplicity, the variety of the lesions in puerperal fever, would be inconsistent with placing it among pyrexiæ, the principal character of which is to present anatomical alterations, constant and always identical?

With regard to the negative autopsies quoted by M. Depaul as an argument in favour of essentiality, while I admit, as I do willingly, that they have been well made, I can neither consider them as convincing proofs, nor as motives for rejecting the doctrine of local phlegmasies. In fact, do we not see peritoneal inflammations, traumatic, or by perforation, kill so promptly, that material alterations have not had time to be formed? Do we not see, also, burns in the first or second degree cause a rapid death—the effect assuredly, not of the lesion of the tissues, but solely of the extent and violence of the inflammation? On the other hand, is it really necessary to find severe organic lesions to explain functional disorders, and even death, in puerperal fever? I do not think it is; for, in my opinion, the blood in this disease has undergone so profound an alteration as to account for all the accidents, and for the usually fatal termination of the disease.

The mistake committed by those nosologists who have wished to assign a place to puerperal fever consists, in my opinion, in their having studied it under its epidemic form. In order to form a true and clear idea of the disease, we must look at it under its sporadic form; that is, in its condition of simplicity, disengaged from the special elements of gravity necessarily given to it by the epidemic character. Let us then imagine a physician who has never seen a case of puerperal fever, and who has never read a description of this malady. He is brought into the presence of a woman recently confined, in whom a laborious parturition, a prolonged labour, has produced numerous bruises and lacerations, speedily followed by violent shivering, by very severe abdominal pains, and by a series of other severe general and local symptoms which will rapidly terminate in death. At the autopsy, he finds pus in the peritoneum, in the veins and lymphatics of the pelvis. What idea can this physician form of the nature of the disease, but that it is a phlegmasia?

Now, must we admit that there exists a natural difference between the epidemic and the sporadic forms of puerperal fever? By no means—any more than that there exists a difference between epidemic and sporadic pneumonia. Nevertheless, M. Trousseau has brought forward one difference which he describes as very essential; it is the existence of a specific cause, of a kind of virus which would be the essence of the epidemic puerperal fever. Well, a specific cause always produces a corresponding specific disease, announcing itself by signs or lesions always identical: thus, the virus of rabies always produces rabies; the virus of syphilis, syphilis; the small-pox virus, small pox; while here we have to do with a disease which presents itself with lesions the most varied, sometimes a metritis, sometimes a peritonitis, sometimes a phlebitis, at other times a lymphangitis, a pneumonia, a pleurisy, a suppurating arthritis, etc. We cannot, therefore, allege a sole cause for effects so varied.

The difference which I admit, for my own part, is not where M. Trousseau has placed it—in the nature of the disease; I find it in the very fact of the epidemic, which renders the disease more severe, without changing anything of its essence. It is here with puerperal phlegmasia as with cholera, angina, dysentery, and a hundred other affections that I might name.

Do not think, however, that beyond the local inflammation I see nothing whatever, and that I believe that in that resides the whole gravity of the affection. If, indeed, I do not admit a puerperal *fever*, I do admit a puerperal *state* which, in preparation throughout the pregnancy, arrives at its maximum of intensity at the time of the accouchement, and shortly afterwards. This puerperal state consists in a notable alteration of the fluids, which is present, in a greater or less degree, in all pregnant women. I have heard M. Trousseau speak to us with some disdain of recent hæmatological researches. For my part, I think they are destined to open to medicine a way of progress, and to enlighten us on many questions which are still obscure. It is not in my place here to recall all the results already obtained; but I cannot be silent on the very special services rendered by hæmatology to obstetric physiology and pathology. Thanks to that science, gentlemen, it is now admitted that pregnancy, so far from constituting a condition of plethora, actually, on the contrary, engenders an anæmic state. Thanks to hæmatology, we now understand the etiological analogies existing between eclampsia and the epileptiform convulsions which terminate Bright's disease. It has been established very clearly, that in both cases the nervous phenomena depend on an intoxication of the blood by urea—on an uræmia.

It is also in the blood—in the blood so profoundly modified in pregnancy—that we must seek the first cause and the *point de départ* of puerperal diseases. Thus, diminution of globules, of albumen, of iron, a notable augmentation of water and of fibrine—such are the modifications—I ought to say, the alterations—of the blood in a woman about to lie in. If in such a condition there supervene an extensive inflammation of an important organ, you may conceive what development it must assume in invading an organism so seriously altered. Who can foresee to what extent these alterations of the blood may go, and what may be the consequences of them? For myself, I do not hesitate to say that, in certain cases, they may be carried to a point at which they will produce a transformation of blood-globules into pus-globules; and that without a wound, without phlebitis, without any lesion of the solids.

And on this subject, let me recall a fact reported by M. Andral, and which is very well adapted to impart a certain value to this hypothesis. A man was brought in dying, in a most formidable ataxo-adynamic state; he died at the end of three days. At the autopsy, numerous abscesses were found in the brain, in the lungs, in the spleen, in the kidneys; the blood everywhere was like very loose currant-jelly. In the midst of the blood-globules, which were misshapen, strawberry-like (*framboisés*), a great number of pus-globules were plainly distinguished. Nowhere was there the slightest trace of phlebitis. Collections of pus in many of the solids, and pus in the blood itself, were the only alterations demonstrable.

There is, therefore, in lying-in women, as M. Trousseau has said, a great morbid aptitude, which I will at once call a *pyogenic state*, which not only manifests itself in abdominal phlegmasies, but makes its sad influence felt, whatever be the disease attacking the puerperal female. It is thus that, according to M. Chomel and M. Grisolle, the pneumonias which supervene during the puerperal state acquire an extraordinary degree of virulence, which renders them promptly mortal.

Be the puerperal fever sporadic or epidemic, it always consists essentially in an alteration of the blood and a special aptitude of certain organs to inflame and to rapidly produce

pus; with this sole difference, that with epidemics this aptitude finds itself singularly increased by this agent, unknown in its essence, but so manifest in its effect, and to which has been given the vague denomination of epidemic influence (*génie épidémique*); whence also the greater gravity of the disease, and its termination more promptly and more constantly deadly.

I will only say this regarding the contagious character of puerperal fever—that I adhere without reserve to what MM. Depaul and Danyau say about it. After a demonstration so clear, so peremptory, as that furnished by those two speakers, it is impossible that there can remain any incredulous on the point. M. Danyau has therefore, with good reason, insisted on the precautions to be taken to avoid the dangers of contagion.

What shall I say of the treatment? The speakers who have preceded me have superabundantly proved the uselessness of the different methods of cure, and the vanity of certain remedies considered prophylactic.

For the curative treatment, I will confine myself to the declaration that all the means I have tried have failed in my hands, as in those of my colleagues, in cases of virulent or epidemic puerperal fever. I must, however, say that I have obtained good effects from the employment of mercury. I have seen every case get well in which powerful doses of mercury have produced an abundant salivation; a circumstance which induces me to think that he who shall find an infallible means of bringing on a copious salivation will have perhaps discovered a specific for puerperal fever.

As for prophylactic measures, I see none better at present than such as consist in diminishing the agglomeration of women in lying-in; and on that point, I entirely agree with M. Danyau. The measures he proposes, appear to me the wisest, the best understood, and the most conformable to the rules of a prudent hygiene. (*Gazette Hebdomadaire*, April 16th, 1858.)

British Medical Journal.

SATURDAY, MAY 15TH, 1858.

WHERE SHALL WE PLACE THE STATUE OF JENNER?

WE wonder what the foreign subscribers to the Jenner Testimonial will think of the questions asked in Parliament with reference to the placing of the statue of the discoverer of vaccination in Trafalgar Square. Will they not open their eyes with wonder and astonishment, at the spectacle of member after member of the House of Commons getting up and demanding the expulsion of the effigy of one of the most illustrious of Englishmen, and one of the greatest benefactors of mankind, from the place of honour in which it is already located? Will they not sneer at the civilisation of these islanders, who think the statue of a Napier is polluted by such company—who so scornfully imply that the hero who triumphed over a loathsome disease is not worthy to sit at the feet of the hero of Scinde? Lord A. Vane-Tempest, who so condescendingly stated in the House, on Friday week last, that "it was not his intention to say anything in depreciation of the profession of which Dr. Jenner was so great an ornament", gave it as his opinion "that the site selected was an ineligible one". This is pretty well for a young lordling, who would perhaps not object to have the site appropriated to a statue some day to the illustrious memory of that distinguished knight and soldier, the Honourable Charles Beaumont Phipps, so ludicrously bracketed with Havelock; but it is simple modesty to the ravings on the same subject of Mr. Thomas Duncombe. "Cow-pox", said the member for Finsbury, "was a very good thing in its proper place, but it had no business amongst the naval and military heroes of the country. Everybody who heard of this statue spoke of it *with ridicule and disgust;* and if the Government should not feel justified in stopping the work, he trusted that the House would pass a resolution calling upon them *not to pollute and desecrate the ground by erecting a statue there to the promulgator of cow-pox throughout the country.*"

We were premature, it appears, in congratulating the profession and the public on the fact that the late member for Bodmin had lost his seat; the mantle of Dr. Michell has fallen upon the member for Finsbury, and we must confess he has improved the teaching of his master, and has learned to throw mud upon an illustrious English name with a vigour all his own. Is it not sad that so gross a libel on one of Britain's fairest names should go unquestioned in the House of Commons? Imagine, good reader, Eldon denounced as a curse to the human race. Fancy Blackstone or Stowell held up to public odium in the face of the first body of English gentlemen, as disseminators of an enormous evil. What would be the instant result? Why, the benches would be alive with the lean figures of indignant lawyers, vehement to hurl back the monstrous charge. Yet the name of Jenner may be spat upon in the House, trodden under foot with every mark of indignation, and no voice is there to protest in the name of outraged humanity against ingratitude so deep and ignorance so profound as is to be found in Mr. Duncombe's short but bitter speech. If we wished to show how deeply our profession suffers through the want of a single representative of spirit in the House of Commons, we would quote this melancholy fact alone.

Lord John Manners will, we trust, shut his ears to the voices of those who wish to prove that Trafalgar Square is too good a site for such a man. We see no reason whatever that the finest site in Europe should be appropriated to the effigies of soldiers only. Why should those who destroy be ever placed in the front rank, whilst the philanthropist and the philosopher are only permitted to occupy out-of-the-way corners in forgotten squares, from which the living tide of man has long since ebbed? We are told that Lincoln's Inn Fields would satisfy the claims of Jenner; but if the publicity of the situation of an effigy should be measured by the universality of the benefit the original has conferred on mankind, we say emphatically that no statue that is or can be placed Trafalgar Square could for one minute compare with that of the illustrious discoverer of vaccination. The House of Commons should remember that this statue is no mere Stoke Pogis glorification of some great unknown—it is the offering to British pride of every civilised nation. The subscriptions from all parts of the world have been most munificent, and we should indeed be committing an act of national indecency and discourtesy if we were to deny a worthy site for so generous an offering. According to Sir John Herschel, London is the centre of the terrestrial globe, and Trafalgar Square is the centre of London. Here, and here only, then, should we raise the statue of a man whose labours have already borne fruit far beyond the limits of civilisation, and must in the end confer their infinite benefits upon the whole human race.

THE WEEK.

ALL who are interested in the improvement of the medical department of the British Army and of the sanitary state of the British soldier, will be well pleased at the proceedings which have this week taken place in the House of Commons. The legislature have distinctly intimated a willingness to carry out those reforms, which have been long demanded, and which on several occasions we have taken opportunities of advocating. The reply of General Peel to Colonel Kingscote on Monday, and the highly interesting discussion on the resolutions brought forward by Lord Ebrington on Tuesday, lead to the hope that before long the notorious mortality in our army from preventible causes will belong to the things of the past.

A few months ago, we had occasion to comment rather freely on some points in connexion with the management of St. Mary's Hospital, Manchester. With much greater satisfaction we now notice the establishment in that institution of a regular system of instruction. A School of Obstetric Medicine and Surgery has been opened; and the Introductory Lecture on the Principles and Practice of Midwifery was delivered on May 3rd by Dr. Clay, who will continue the course, assisted occasionally by Dr. Radford. Lectures on the Diseases of Women and Children will be deliveredby Mr. Winterbottom; and clinical lectures on Hospital Cases will be given frequently by the surgeons in ordinary to the Hospital. The means of instruction in obstetric science appear to be ample. We are well pleased to hear of the establishment of St. Mary's Hospital School of Obstetric Medicine and Surgery, because we hold that every hospital ought to be utilised for practical instruction; and if there be any institution the educational benefits of which should be more especially afforded to the embryo practitioner, it is that one which will supply him with the knowledge of that department of the medical art on which, beyond all others, his reputation is most likely to stand or fall.

The result of the recent deputation of the Poor-Law Medical Reform Association to the President of the Poor-Law Board was on the whole encouraging. We hear that Mr. Estcourt promised to lay a new Poor-Law Bill on the table of the House before the rising of Parliament; so that during the recess there would be ample opportunity for examining its provisions. The claims of the union medical officers seem now fairly admitted by the legislature; and they alone will be to blame if they do not, by steady vigorous action, carried on in a spirit of unanimity, support with all their might the endeavours of Mr. Griffin and his colleagues.

Judgment has been delivered in the case of alleged surgical mistreatment (Miller *versus* Walker), of which an outline was given in the JOURNAL for May 8th, p. 383. The speech of his Honour the County Court Judge, J. W. Harden, Esq., lies before us; but we can only extract some of the concluding remarks, and leave them, in connexion with the previous report, to the good sense of our readers.

"When a man holds himself out as a surgeon, whether he be a member of the Royal College of Surgeons or not, he undertakes to bring a fair and reasonable degree of knowledge, care, and skill to the exercise of his profession; but he does not undertake to perform a cure at all events, nor does he undertake to use the highest possible degree of skill. If he has competent knowledge and does his best, he cannot be blamed, and much less can he be sued for clumsiness. Much must necessarily rest with the employer himself, who is bound to exercise ordinary caution and discrimination in the choice and selection of the party he employs. If he chooses to go to a quack instead of a duly qualified practitioner, and is put to prolonged and unnecessary pain, if that be all, he has himself only to thank for it. But if a practitioner, whether he be quack or no quack, through gross ignorance or carelessness, or want of skill, inflicts some lasting injury upon his patient, he must answer for it."

The last sentences are quite correct; but what follows?

"But here there is no specified injury. Who can say that in the hands of the most eminent practitioner the child's limb would have been restored? Who can say that its life has been shortened by the defendant's treatment? He believed the hip to be dislocated, and he did his best to reset it. His treatment appears to me to have been clumsy and ill judged, to use no stronger term; but, beyond having been unintentionally put to greater pain than was necessary, I cannot say that the poor child is at this moment in a worse condition, and less likely to live, in consequence of the defendant's treatment, than he would have been in other and more scientific hands. Of that the plaintiff has failed to convince me, and the verdict must be for the defendant, but without costs."

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-sixth Annual Meeting of the BRITISH MEDICAL ASSOCIATION will be holden in Edinburgh, on Thursday, Friday, and Saturday, the 29th, 30th, and 31st of July.

PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, April 26th, 1858.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH MIDLAND. [Annual Meeting.]	Harpur Charity Room, Bedford.	Friday, May 21st, 1 P.M.
EAST YORK AND NORTH LINCOLN. [Annual Meeting.]	The Infirmary, Hull.	Tuesday, May 25th, 3 P.M.
YORKSHIRE. [Annual Meeting.]	Leeds.	Thurs., May 27th.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at 8, Savile Row, on Tuesday, May 11th, at 4 P.M.; EDWIN LANKESTER, M.D., F.R.S., President, in the Chair.

MEDICAL REFORM.

The omission of a repeal clause in Mr. Cowper's Bill was again taken into consideration, and the following resolution was passed:—

"That the Metropolitan Counties Branch of the BRITISH MEDICAL ASSOCIATION, deeming it of great importance that a clause repealing former Medical Acts of Parliament be inserted in Mr. Cowper's Bill in the same manner as in Lord Elcho's and Mr. Headlam's Bills, request the President to inquire and inform the Committee appointed to watch the progress of Mr. Cowper's Bill, whether any steps have been taken for that purpose."

Editor's Letter Box.

MEDICAL REFORM.

Letter from A. P. Stewart, M.D.

Sir,—I wish to explain that my name was put on the Committee of the Metropolitan Counties Branch for the promotion and amendment of Mr. Cowper's Bill on account of my official position as one of the secretaries. I make this statement because it has been supposed, from my name appearing on that Committee, that I am in favour of a Bill which, by the unlimited powers it gives to the proposed Council, and by establishing *en permanence* some twenty licensing bodies, seems to me to throw us back to the dark ages. The more I consider it, the more I feel convinced that, amend it as you please, such a measure is hopelessly bad. I am, etc.,

A. P. Stewart.

Grosvenor Street (W.), May 11th, 1858.

MEDICAL REFORM.

Sir,—I beg again to call the attention of the members of the Association to the fact that Mr. Cowper's Bill, which they have been so strongly urged to support, under the impression that it resembles Mr. Headlam's of last year, is not only unlike Mr. Headlam's, but diametrically opposed to it in principle. If the Association really has any opinions, or holds any principles at all, on medical reform, or cares anything about consistency, how can it support Mr. Cowper's Bill after last year warmly supporting Mr. Headlam's? It would be tedious in me again to point out that the apparent resemblance, from the *constitution* of the Council, is entirely altered by the all-important circumstance of the undefined and despotic *powers* of Mr. Cowper's Council—powers which the profession ought not to entrust, and I feel assured will not entrust, to any such body. What is good in Mr. Cowper's Bill is common alike to Mr. Headlam's and Lord Elcho's—viz., reciprocity of practice and registration. On these points all are agreed. But the real obstruction arises from the claim of the universities to give the *license* to practise as well as the degree. Now, I maintain that this is not a small question of corporation against corporation, but one of the largest questions which can concern the profession—by whom the license to practice is to be given—and one which a Medical Bill ought to settle

The members of the Association are led to infer through your pages that Mr. Cowper's Bill deals fairly between the Universities and Colleges, by leaving to each their privileges; but the fact is, that it places the Universities on the same footing as the Colleges as regards the *license;* while it leaves the Universities untouched in their present monopoly in giving *degrees.* Can it be maintained that the Colleges have not quite as much title to claim the power of giving degrees, as the Universities have to give the license? More especially does this apply to the Scotch Universities, whose curriculum and examinations are not superior to those of the Colleges. Further, the Universities not only do not represent the profession, but are incapable of doing so. The Scotch Universities especially are monopolies of the closest kind—true "corporations"; and, not content with their present threefold monopoly of teaching, examining, and graduating, they (that is, the small body of professors who teach, examine, and give the degrees) now wish to grasp the additional privilege of giving the license. The Colleges of Surgeons, indeed, have much more of the true "university" constitution about them than the majority of the institutions which it is found convenient to slump together under the title of "university".

I refrain, however, from further discussion of these matters in this letter. My object is—1. To keep before the Association the fact that Mr. Cowper's Bill, in all its distinguishing characters, is directly opposed in principle to Mr. Headlam's, which we supported warmly last year. And, 2. To show that the licensing question forms the real obstruction, and is one of great magnitude, which the profession must weigh and pronounce upon before any Medical Bill ought to pass. That Mr. Cowper's Bill leaves this and many other matters to be discussed and settled by a despotic council, which would form the concentrated battle-field of the profession, a sort of doctors' bear-garden, where, by the narrowest majorities, matters of the greatest importance would be settled and re-settled, keeping the profession in hot water from year to year.

I am aware that these views are at variance with those so urgently advocated in your columns, and I regret to find myself differing from you and the majority of the Medical Reform Committee; but, as the statements I have made regarding the nature of Mr. Cowper's Bill are *facts*, and as I believe the *principles* which I advocate to be sound and important, I consider it my duty to request that you will do me the favour to lay them before the Association through your columns.

I am, etc. Fair Play.

May 10th, 1858.

Reports of Societies.

NORTH LONDON MEDICAL SOCIETY.

Wednesday, April 14th, 1858.

J. E. Erichsen, Esq., President, in the Chair.

DISEASE OF THE SACRO-ILIAC SYNCHONDROSIS.

BY J. E. ERICHSEN, ESQ.

Mr. Erichsen stated that, in the observations he was about to make, he intended to depart from the usual custom of the Society—that of "reading a paper". His communication would be oral, not written. Medical societies were of two kinds: the purely scientific, which published *Transactions;* and those which partook of a mixed character, being social as well as scientific, having for their object the bringing together of practitioners practising in the same neighbourhood, and thus establishing a good and friendly feeling in the profession. In the purely scientific societies, it was desirable that the communications made should be in writing, in order to secure that accuracy which was necessary for purposes of publication, and to avoid the possibility of after dispute as to opinions advocated; but in local societies such as this, he thought that written communications might be very advantageously dispensed with in many instances, and oral ones substituted. He believed that the labour of "writing" out a paper deterred many, as it had often done him, from bringing forward communications; and that members listened with more interest and attention to what was spoken than to what was read. He therefore would make the following communication orally, and hoped that that example would be followed, as he felt sure it would be advantageous to the Society.

Mr. Erichsen remarked, that this disease had received less attention from writers on surgery than its importance deserved. It was of especial importance in reference to those forms of hip-disease which commenced in the pelvic bones, and which had acquired special interest of late, in consequence of being subjected successfully to operative interference. The disease in question appeared to be of a strumous character. It affected chiefly young adults between the ages of eighteen and thirty. He had not noticed it in children. The reason of its occurrence in young adults might possibly be, that the sacro-iliac articulation undergoes a change as the subject approaches adult life. In infancy, a synovial membrane is found there, which, according to anatomical writers, disappears when the period of puberty is reached. The symptoms which characterise this disease are, *pain* of a dull aching character about the hip and gluteal region, increased on pressure along the line of articulation; the occurrence of an indolent *swelling*, which slowly suppurates; a degree of *lameness*, characterised by stiffness of gait and inability to stand on the affected limb; *lengthening* of the limb on the affected side, in consequence of the side of the pelvis being pushed forward; and lastly, *abscess*, which may present in several situations, in the articulation, in the gluteal or lumbar regions, or be intrapelvic. The prognosis in these cases was unfavourable, the patients generally eventually dying of hectic. The diagnosis was important. It had to be made from hysterical affections of the hip, from sciatica, from coxalgia, and from spinal diseases. The author entered minutely into these points of diagnosis. Rest, counterirritation, and antistrumous measures, constituted the chief means to be employed. In connexion with this subject, Mr. Erichsen mentioned the particulars of two cases in which he had recently resected the upper end of the femur, with considerable portions of diseased pelvic bones; in one case removing the tuber ischii, the ascending ramus of the ischium, and a portion of the ilium, the patient doing well.

Mr. Part proposed, and Dr. Sharpey seconded, a vote of thanks to the author.

A discussion followed, in which Mr. Part, Mr. Lord, Dr. Sharpey, Dr. Hare, and Mr. Jackson, took part.

Parliamentary Intelligence.

HOUSE OF COMMONS.—Friday, May 7th, 1858.

THE STATUE OF DR. JENNER.

Lord A. VANE-TEMPEST said that an erection had lately grown up in Trafalgar Square, which had not yet been uncovered, but on inquiry he was informed that it was a statue of Dr. Jenner. He had no desire to depreciate the profession of which Dr. Jenner was an ornament, but he submitted that the site in question was not an eligible one for a statue to Dr. Jenner. He wished to ask the Chief Commissioner of Works whether the selection of the site was his or that of his predecessor in office; and if there was any correspondence on the subject, or whether it had been referred to any committee of taste? He should like to be told who generated Dr. Jenner in that place. [*A laugh.*]

Lord ELCHO said that his attention had been called to this statue of Jenner; and, with reference to the subject of the erection of statues in the metropolis, he wished to know if the government had any fixed principles on the subject—that is, whether if any set of gentlemen subscribed for a statue, they could select a site for it. The statue of Jenner was placed in a line with that of Sir Charles Napier. He wanted to know if the line was to be completed, and if there was to be a line of statues along Trafalgar Square; and also whether it was to be a single line or a double line. The English formation was two deep, and the French formation was three deep. Which formation was to be adopted in Trafalgar Square, the French or the English? There ought to be some principle on which statues were to be erected, so that they would not be a disfigurement to the metropolis.

Lord J. MANNERS said that, in answer to the question put by his noble friend, the member for Durham, he believed that in August 1857, an application was made by a committee for a site for the statue in Trafalgar Square, and a site was granted by his right hon. friend opposite. A short time ago an application was made to him by the members of the committee, who stated that the statue was ready, that the pedestal was complete, and asking for instructions for its erection; and he thought it desirable that the plan should be carried out. His noble friend, the member for Haddington (Lord Elcho), wished to know the intention of the government with respect to statues that might hereafter be proposed for erection in other parts of the metropolis, and especially in Trafalgar Square. The department with which he was connected had nothing to do with other parts of the metropolis; but with respect to Trafalgar Square, he understood that the position assigned to the statue of Dr. Jenner was part of a general plan, and that three or four other statues would be placed in the same line. One to correspond with that of Dr. Jenner would be placed at the opposite corner, and one of Sir Henry Havelock would be placed so as to correspond with that of Sir Charles Napier. [*Hear.*]

VACCINATION IN IRELAND.

Mr. MONSELL said he found that by the report of the Irish Poor-Law Commissioners, while there were 84,000 children vaccinated in Ireland in the year 1856, there were only 47,000 vaccinated in 1857. Great danger to human life might arise from the present state of the law on this subject, and he would therefore ask the Chief Secretary for Ireland whether he proposed to introduce a Bill to carry out the recommendation of the Commissioners on this subject?

Lord NAAS replied that the attention of the Government had been called to this important subject. He had had some communication with the Commissioners, and he hoped to be able in the course of the Session to introduce a Bill on the subject.

Monday, May 10th.

THE MAIN DRAINAGE SCHEME.

Mr. BUTLER wished to put a question to the First Commissioner of Works. There were many conflicting statements as to the expenditure that the main drainage scheme would involve. It had been variously stated at from £1,200,000, to £5,400,000; and then it was said that if this large outlay were incurred, it would not, after all, accomplish that purification of the Thames which was desired. Under these circumstances, he wished to ask whether, having regard to the various reports of the referees and Commissioners upon the subject of the Main Drainage of the Metropolis and the Purification of the Thames, it was his intention, before acceding to any scheme for carrying out the 135th section of the Act for the better Local Management of the Metropolis, to cause any further investigation to be made by a reference to the Committee recently appointed, or otherwise; and whether it was in contemplation to amend or modify such Act, with a view to the adoption of any scheme that might not be in accordance therewith?

Lord J. MANNERS said that no power was given at the present moment to proceed with the scheme recommended by the Metropolitan Board of Works; and should that Board contemplate carrying it out, he certainly, having regard to the fact that a Committee of the House of Commons had been appointed on the subject, should oppose sanctioning any proposition for that purpose until that Committee had made its report. He was not aware that the Metropolitan Board of Works had expressed any desire for fresh legislative powers for the purpose suggested by the honourable member; but should they make any application upon the subject, he would then consider whether such powers were necessary or not.

ARMY MEDICAL OFFICERS.

Colonel KINGSCOTE inquired of the Secretary for War whether it was intended to carry out the recommendations of the Committee appointed to inquire into the Army Medical Department of which Mr. Stafford was Chairman in 1856, or any of the recommendations of the Sanitary Commissioners of which the right honourable the member for South Wiltshire was President, which related to the pay, rank, and organisation of the Army Medical Officers, or whether it was intended to continue the system now prevalent under the present Director-General?

General PEEL intimated that it was not intended to continue the existing system under the present Director-General. A warrant in conformity with the recommendations contained in the report of the Army Sanitary Commission, of which the right honourable member for Wilts was Chairman, would be submitted to the Treasury, and when sanctioned by that department, would be carried into effect.

THE STATUE OF DR. JENNER.

Mr. T. DUNCOMBE wished to ask a question with respect to the statue of Dr. Jenner, in Trafalgar Square. Cowpox was a very good thing in its proper place; but it had no business among the naval and military heroes of the country. Everybody spoke with ridicule and disgust of the statue; and if the Government should not feel justified in stopping the work, he trusted that the House would pass a resolution calling on them not to pollute and desecrate the ground by erecting a statue there to that promulgator of cowpox throughout the country. He wished to know whether the Government had any objection to the production of the correspondence which had taken place on the subject?

Lord J. MANNERS had no objection to the production of the papers; but said he should like to consult his right honourable predecessor on the subject.

Tuesday, May 11th.

MORTALITY AND SANITARY CONDITION OF THE BRITISH ARMY.

Lord EBRINGTON proposed the following resolutions:—

"That the long-continued excessive mortality of the British army has been mainly caused by the bad sanitary condition of their barrack accommodation. That this house has viewed with satisfaction the efforts of successive governments, aided by parliamentary grants, to improve the moral, intellectual, and physical condition of the British soldier, and is encouraged by the happy results of such efforts and grants to hope much from a continuance and further extension of the same. That much still remains to be done with regard to barrack accommodation; firstly, for its increase, with the view to the discontinuance, as far as may be, of the present practice of billeting, as being alike oppressive to the civilian and demoralising to the soldier; and, secondly, for its improvement, both with a view to the healthy accommodation of the troops in general, and to the decent accommodation of the married soldier. That, in the opinion of this house, such increase and improvement are imperatively called for, not less by good policy and true economy than by justice and humanity."

He contended that the mortality in the British army had long

been excessive. The mortality in the Guards was upwards of 20 per thousand; that of the Line was nearly 18 per thousand; that of the Cavalry 11 per thousand; and in the general population of England and Wales of the same ages as the soldier little more than 9 per thousand, and among the population of the same ages in healthy districts nearly 7¾ per thousand. The mortality in the Guards was nearly three times that of the population in healthy districts in England and Wales of the same ages, and to this they had to add nearly an equal number taken away by invaliding. The mortality varied in different corps. During the first year after the soldiers had been pensioned it amounted in the Guards to 134 per thousand of invalids, and on the average to something like 76. The mortality in the army, exclusive of invaliding, and speaking of the troops at home, was more than double that of the rural population; taking it in the army generally it amounted to 33 per thousand, and in unhealthy colonies it was as much as 60 per thousand. A soldier's life would be considered in any insurance office, at the time he was enlisted, as one of the highest class that could be insured. No recruit was admitted into the army who had any traces of ill-health or of malformation, and who did not possess a certain physical strength over and above the general standard; and about one-third of such as presented themselves for enlistment were rejected. All these defective lives were thrown back on the general population, and *pro tanto* increased the general ratio of mortality; but beyond that all the invalids, all the soldiers who were invalided were also thrown back on the general population, and were included by the Registrar-General in the returns of mortality. He contended that this alarming mortality in the army was preventible, and he traced it mainly to the bad sanitary condition of barrack accommodation. In order to determine the case as much as possible, we must look to the amount of mortality and sickness prevailing among other persons in an analogous position to that of the British soldier. The mortality in the House Cavalry was 1½, and in the Dragoons 1⅝, in the Line twice, and in the Foot Guards 2½ times as great as among agricultural labourers—even taking those who were not members of friendly societies. It might be said that a great deal of a soldier's life was passed in towns, and that a comparatively small proportion was quartered in analogous situations to the agricultural population. But if we took the most unhealthy occupations, such as miners, or the unhealthiest occupations in towns, we should still find the mortality in the army greater; and even taking the case of night printers, an indoor occupation, involving duty six nights out of the seven, the mortality in the army was greatly in excess. They were told that this mortality was owing to the night duty, and no doubt it added considerably to it; but the night duty of the soldier ought not to be more unwholesome than that of the night printer, under less favourable circumstances. In the case of the night printers of the *Times* office, the mortality was nearly as low as that of the agricultural labourers. He attributed this difference to the greater sanitary improvement carried out in the *Times* than in any other printing office, and it bore in a very important manner on the question of barrack accommodation. The police duty was more severe, but the mortality was less than in the army. Dr. Guy had placed in his hands a very able paper on the sanitary condition of the firemen of the metropolis, who were greatly exposed to alternations of heat and cold, and other trying vicissitudes; but among whom the mortality was only seven per thousand; and this included deaths by accident, which, in spite of the hazardous nature of the employment, were rare. Hence the night duty of the soldiers alone was quite inadequate to account for the excessive mortality amongst them. The number of deaths from consumption alone in the army, exclusive of invaliding, was greater in the proportion per thousand than that of the deaths, from all causes, in the general population swelled by rejected recruits and invalids, of the United Kingdom. The deaths annually, from all causes, were under ten per thousand in the population of England. The deaths in the Infantry of the line, serving at home, were, from chest and tubercular diseases, upwards of ten per thousand; the total deaths being within a fraction of eighteen per thousand, and the deaths from chest and tubercular diseases in the population generally being about four and a half per thousand. Whence did this tubercular disease arise amongst this naturally strong and healthy body of men? Cold or night duty alone were not sufficient causes. It had been suggested that drinking was one cause, and demoralisation the other. But the rarity of delirium tremens and nervous disorders, and diseases of the digestive organs, afforded a strong *primâ facie* case against drinking being the great cause of disease in the army. Then with regard to the other cause, it should be observed, that in the Artillery, where the mortality was not more than half what it was in the Line, the admissions to hospital, on account of diseases arising from immorality, were higher than in the case of the Guards. The main cause of mortality was the bad sanitary accommodation given in barracks; and therefore, by removing the bad sanitary accommodation, we might hope to remove the cause of much suffering, of much cost to the nation, and of much diminution in the efficiency of the army. It had been sufficiently proved that overcrowding, with insufficient ventilation, would produce tubercular disease amongst the healthiest men. In 110 of our barracks, the amount of cubic feet per man was under 400 feet; and in twenty-six barracks the average was under 300 feet; and in some others it was much lower. These were in the United Kingdom; but there was no doubt that there must be much to be deprecated in India and the colonies. After adducing the authority of the late Sir Charles Napier to show the evil effects resulting from insufficient barrack accommodation in India, he instanced a case in which that commander had placed only a wing in barracks intended for a regiment, with the effect that, whereas in one year almost the whole regiment had been cut off, in the following one there were only twenty-nine sick out of 1,054, and not one was sick from climate. Equally striking effects had been produced by the steps taken by Lord Metcalfe to diminish the overcrowding of barracks in Jamaica. He would only now allude to the defective state of many of our hospitals, to the want of decency in their arrangements, and the low standard of comfort arrived at in military as compared with civil hospitals. The accommodation afforded in workhouses in England and Scotland was infinitely superior to that afforded to our brave soldiers. Not only was there a larger allowance of cubic feet per man in the dormitories in the former than in the latter instance, but in the workhouse a day room was always insisted upon, while it was not in the barracks. No workhouse hospital was without a warm bath; but he knew it was a fact, that a warm bath had not been given in the Plymouth Hospital for some years on account of the labour of filling the place, ten feet square, which there served as a bath. He now turned to the second resolution, which recognised the improvements introduced into barracks of late years. The testimony of all officers was borne to the excellent results which had followed them. As to the economy and policy of effecting improvements in barrack accommodation, and of not allowing our men to be decimated by preventable disease, it was only necessary to call attention to the cost of our troops. He believed that no one would put the cost of a well trained soldier at less than £100. Now, between the ages of twenty and forty, six out of every ten men in the army were removed by death or being invalided. By the excessive proportionate mortality in the army we sacrificed a large sum, expended in the preparation and training of the soldier; while we also diminished the number of veteran troops, and caused an undue proportion of our army to be composed of recruits. He called upon the House, by every ground of policy, economy, justice, and humanity, to resolve that the state of things which had existed should exist no longer; but that one which was so great a reproach to the country, was so costly, so injurious to the reputation of that House and the government authorities, with their countrymen, should be at once abolished, and that an entirely new system should be forthwith established. The noble lord concluded by moving the resolutions.

Sir F. Smith yielded to no man in the desire to see the soldier well taken care of. There was no doubt that of late years the cubical accommodation given to each soldier had been materially increased. Some years ago soldiers slept two in a bed; and in some cases, in this metropolis, they slept in double tiers. He believed night duty to be a great cause of mortality in the army. Ever since he had known anything about the service, the barrack accommodation for soldiers had gradually been improving. There was, however, still room for improvement. He hoped, however, that they would not suppose that the want of a certain amount of cubical space in barracks was alone the cause of increased mortality. In the report of the Sanitary Commissioners, the mortality of the Sappers and Miners was not noticed. In that corps the mortality was much less than it was in other regiments, and he accounted for it by the fact that they were much more employed. The rooms for the Cavalry were not generally so spacious as those for the Infantry, and yet the men were healthier. That was also to be accounted for by their being more employed.

Captain Annesley objected to a comparison of the mortality in the Guards with that in the police. Most of the police were married, and could live in comfortable houses. Any policeman

might retire on giving a month's notice: while a soldier was unable to leave until he had completed his time or was invalided. Besides, all bad characters and drunkards were dismissed from the police force. If the Guards were to invalid their unhealthy men and drunkards as the police did, the deaths would be very much reduced, and would probably very little exceed those in the police.

Mr. W. Williams said that the preservation of the soldier's health was a question which commended itself to the House on the grounds both of humanity and of economy. His Royal Highness the General Commanding in Chief had recently complained that he could not get money even for repairing barracks. But during the last thirty-four years, £7,500,000 had been expended on soldiers' barracks; and above £3,500,000 of that sum had been expended within the last three or four years. He objected to the erection of a pavilion at Aldershott for the use of Her Majesty, if the expense was to be defrayed out of the money voted for the use of the soldiers.

Colonel North believed that night duty had a great deal to do with the mortality in the Foot Guards, and that their sleeping in wet clothes was the cause of much illness. He could not understand why soldiers were not allowed to take off their great coats in the guard-room. He was acquainted with very few guard-rooms where there were the means of hanging up great coats. He was confident that the Duke of Cambridge had spoken the truth on the occasion referred to by Mr. Williams.

Mr. Pease said that, assuming all Lord Ebrington had stated to be true, there was a right time to do a right thing. For four years three millions had been spent on this very object; and, as we were engaged in expensive operations, this was not the right time to spend more.

Sir Joseph Paxton said that it was a mistake to suppose that £3,000,000 had been spent on increased barrack accommodation within the last three or four years. The Barrack Accommodation Committee of 1855, of which he was a member, had recommended that architects should be called on to send in plans for improved barracks. Plans were accordingly sent in: but he had not heard that any barracks had been built upon the plan which was approved. He believed that the unhealthiness of the existing barracks was mainly attributable to defective ventilation and want of sufficient space; and it was utterly impossible that a large number of persons who were constantly eating and sleeping in the same room, could be in a very healthy condition.

After some remarks from Sir H. Verney in support of the motion,

Colonel Boldero said that the report of the Sanitary Commissioners attributed the great mortality among the troops chiefly to defective ventilation and bad drainage. He alluded to the ventilation of the House of Commons; and said that, if the services of scientific men had failed to give perfect ventilation to the House, the engineer officers could not be blamed because they had not succeeded in providing perfect ventilation in barracks. Millions of money had been spent on drainage in the metropolis, and yet a perfect system of drainage had not been established. Soldiers were a class of men with whom it was very difficult to deal. As long as the non-commissioned officers were in the room, the windows were kept open; but when they left, the soldiers shut the windows.

Lord Palmerston was sure that the House and the country ought to feel exceedingly obliged to his noble friend. When they were told they ought not to spend money in improving barracks because they were engaged in expensive operations of another kind, he could not see any force in that objection, because he felt satisfied that money spent in improving barracks was spent in promoting the health and the efficiency of the troops. He did not think that blame could attach to any department of the service by which those evils had not been set right. The House should remember, strange as it might appear, that notwithstanding the progress of science, it was only within the last few years it had been found that oxygen and pure air were all-important for the well-being of our bodies. Not only had our troops been victims, but until lately the legislature had been as great sufferers by neglect of a common principle of science. There were few in that House who, like himself, remembered what members suffered in the old Houses of Parliament from a vitiated and pestiferous atmosphere. He was sure that that atmosphere caused the death of many members. Colonel Boldero complained of the atmosphere of the present House. Now, he (Lord Palmerston) had, he believed, spent more hours in that House than almost any other member, and he could only say that his health had not suffered from it. [*Hear, hear.*] If the barracks were as well ventilated, he apprehended there would be no reason to complain. The noble lord then alluded to certain improvements which might be adopted at a small expense, such as the provision of additional cloaks for sentries, which had been adopted, he believed, from the French service. Even where additional room could not be provided, he thought much might be done, at a small expense, in allowing the bad air to escape, and providing additional ventilation. He hoped the motion of his noble friend would be agreed to, as he believed the government were anxious to provide for the health of the men.

Mr. S. Herbert said that it was at first suggested that the report of the Sanitary Commission with regard to the mortality of the Guards was erroneous, and that the statistics had been got up by the Guards themselves. He wished to bear his testimony to the fairness of the gentlemen who got up these statistics for the Guards, Dr. Balfour and Sir Alexander M'Culloch; but the fact was that they had made the mortality of the Guards rather higher than the Sanitary Commission had done. One curious fact, however, had been brought out, that of the three regiments of the Guards, enlisted from the same classes, of the same stature, doing the same duty, and living in the same barracks, the mortality in the Grenadier Guards was higher than in the Coldstreams, whilst the mortality in the Fusiliers was lowest of all. He thought it would be well to ascertain whether this arose from internal discipline or from what causes. He did not stand out for the accuracy of all the conclusions of the Sanitary Commission; but the object had been to bring their labours to an end in time to commence practical operations. It was proved that the mortality was great, and that it could be reduced. The Commissioners did not say it was all owing to the barracks, or to intemperance and debauchery, or to night duty. Intemperance existed in the army, and more in the Foot Guards than in the Life Guards; but the deaths in the latter were to a far greater extent than in the former. The reason the Commissioners had laid great stress on ventilation was, that it was a mere matter of pounds, shillings, and pence, and could be at once obtained if the House would put their hands in their pockets; while intemperance could only be affected gradually by moral influence. The Sappers and Miners had been brought forward as a proof that overcrowding would not account for mortality. But, though their barracks were not so good as others, they took more exercise than other troops, and were healthy in proportion. If cubic space were immaterial (as had been contended) great injustice had been done to Shah Suraj-u-Dowlah, who killed a number of people by crowding them into the Black Hole at Calcutta. He hoped in a few days to lay before the Secretary of State for War a report of the Commissioners on the London and some adjoining barracks, pointing out the means of putting them in a comparatively healthy state.

General Peel was sure that not only every military man, but every man who had the welfare of the army at heart, would feel indebted to the noble lord for this motion. Far from his objecting to the resolution, he was satisfied it would only strengthen the hands of the government. When he (General Peel) first went into office, his attention was drawn to the report of the Sanitary Commission; and on asking what could be done to remedy the evils it set forth, he found that another commission had been appointed to point out the way in which those evils could be remedied. He was satisfied that the only proper course to take was to wait for the report of that commission, and then to ask for the means of carrying out the remedies they recommended. When he had received the report of the Commission of which his right hon. friend was the chairman he would lose no time in giving it his best consideration.

Colonel Pennant had for nine years the charge of a battalion of Guards. He had found the mortality in the companies in which all the six-feet men were, greater than in the companies composed of shorter square men, of about five feet nine inches. Another element in the question was that, whereas policemen were not taken into the force under twenty years of age, soldiers were enlisted at eighteen, when they were too young for night-work.

General Codrington said that at present barracks were constructed without regard to comfort. He recommended that one or two large day-rooms should be provided to each barrack. In several instances this had been attended with most satisfactory results in respect to the health and comfort of the soldier.

After some remarks from Colonel Knox, Mr. Monsell, and Lord Burleigh, and a brief reply from Lord Ebrington, the resolutions were agreed to.

PETITIONS.

Petitions in favour of Mr. Cowper's Bill have been presented from members of the Bath and Bristol Branch; from medical practitioners in Lambeth, Shrewsbury, Cressage, Stourport, and Witley; and from the physicians and surgeons of the Worcester Infirmary.

Petitions for adequate remuneration have been presented from medical officers of the following unions: Witham, Gravesend and Milton, Plymouth, Bedford, and Abingdon; and from practitioners at Wenlock, Madeley, and Tisbury.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

HULME. On May 2nd, at 19, Gower Street, the wife of Edward Charles Hulme, Esq., Surgeon, of a daughter.

MURRAY. On May 6th, at Hampstead, the wife of John Murray, M.D., H.E.I.C.S., of a son.

TODD. On May 7th, at Marlborough Place, Old Kent Road, the wife of George M. Todd, M.D., of a son.

WORDSWORTH. On May 10th, at 41, Finsbury Square, the wife of John Cawood Wordsworth, Esq., Surgeon, of a daughter.

MARRIAGES.

DAVIES—BLUETT. DAVIES, Ebenezer, Esq., Surgeon, Swansea, to Eliza Jane Caroline, eldest daughter of P. F. Bluett, Esq., of West Cowes, Isle of Wight, on May 5th.

REID—HACK. REID, Douglas Arthur, M.D., of Pembroke, and late of Her Majesty's 90th Light Infantry, to Mary, eldest daughter of Thomas Sanden Hack, Esq., of Clifton, near Bristol, on May 6th.

SCOTT—JOHNSON. SCOTT, James Edward, M.D., Rifle Brigade, to Martha, daughter of the late George Johnson, Esq., of Portaferry, on May 5th.

DEATHS.

HIGSON. On May 9th, at Bowdon, Margarette, wife of Thomas Higson, Esq., solicitor, Manchester, and eldest daughter of *Samuel Barton, Esq., Surgeon.

LANGMORE, William, M.D., at 40, Finsbury Square, aged 73, on May 5th.

MÜLLER, Johann, M.D., the celebrated physiologist, at Berlin, of apoplexy, aged 56, on April 28th.

UNDERHILL. On May 10th, at Tipton, Staffordshire, Owen Thomas, eldest son of *Thomas Underhill, Esq., Surgeon.

WILLIAMS. On May 7th, at Dursley, in consequence of a fall from his horse, Evan, third son of John Williams, Esq., Surgeon, aged 22.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, April 30th, 1858:—

CHALK, Frederick Murray, Army
DANIEL, Thomas Palmer, Beaminster, Dorset
GILLINGHAM, Charles Frederick, Salisbury
IRVING, James, Long Bennington, Lincolnshire
JONES, Richard, Carnarvon
KNIGHT, Henry John, Sheffield
LOCKE, George William, Royal Navy
MARRIOTT, Charles Hayes, Kibworth, Leicestershire
NISBET, Alfred Callaway, Clement's Inn
TURNLEY, George Washington, Tasmania
WALKER, Arthur de Noe, Upper Berkeley Street, Portman Square.

At the same meeting of the Court—

DUCKET, Clarke Armstone, of H.M.S. *Agamemnon*, passed his examination for Naval Surgeon
BELLAMY, George, for Naval Assistant-Surgeon

The former gentleman had previously been admitted a member of the College: his diploma bearing date July 28th, 1852.

Monday, May 3rd:—

ADAMS, Samuel Hoppus, Bedford
ALBURY, William John, Nassau, New Providence, W.I.
ALSTON, William Evelyn, Studland, Dorsetshire
CARDEN, William Henry, Cheltenham
DANN, Henry Talbot, Fermoy, co. Cork
FOOTNER, Edward, Romsey
GUY, William, Maidstone, Kent
HIND, John Marriott, Gonalston, Notts.
LAWRANCE, Charles Alexander, Ipswich
NIBLETT, Francis Dorrington, Hackney
PARSONS, Francis, Taunton, Somerset
PERCIVALL, William, Richmond, Surrey

Friday, May 7th:—

CODRINGTON, Oliver, Castle Street, Falcon Square
COOKE, George Pardoe, H.M. Dockyard, Woolwich
DANIEL, Richard Sylvester, Manchester
DALTON, Henry Augustus, Royal Navy
DRYSDALE, Charles Robert, London
HALL, Egerton Francis, Middleton Cheney, Banbury
HEELAS, Newton, Wokingham, Berkshire
HUDSON, Arthur Cort, Manchester
LEWER, Alfred, Merley Hall, Wimborne, Dorset
SEWELL, William Mallett, Barnsbury Park, Islington
THOMAS, Griffith Robert, Swansea, South Wales

Monday, May 10th:—

DEVLIN, Henry William, Greenhill, Ballygawley, co. Tyrone
EARLE, James Neale, Brunswick Street, Trinity Square
FAWKNER, John, Manchester
GRIFFITH, Thomas, Warrington, Lancashire
HOLLINGS, Robert, Woodlesforde, near Leeds
JACKSON, John, Leicester
ORD, George Rice, Brixton Hill
SPENCER, Henry Banks, Chippenham, Wilts
TOWNSEND, Edward Richard, Cork
WAIT, John Stubbs, Bury, Lancashire
WALKER, Henry, Malton, Yorkshire

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BARBOR, Thomas, M.R.C.S.I., Dublin
BEALE, George Bewsher, M.R.C.S. and L.A.C., London
BECKETT, Charles, M.R.C.S., Hull
BOWEN, Essex, M.R.C.S. and L.A.C., late Royal Artillery
BREMNER, George, M.R.C.S.Ed., Huntley
BRENNAN, Thomas William, M.R.C.S.I., Dublin
CHAPLIN, Thomas, M.R.C.S. and L.A.C., London
COOK, Henry, M.R.C.S., Hon. East India Comp. Service
DOUGLAS, Allen Edmond, M.R.C.S.I., Kingstown
DOWN, George, M.R.C.S. and L.A.C., Kennington, London
GRIFFIN, Richard Wm. W., M.R.C.S. and L.A.C., Weymouth
HARRIES, George James, M.R.C.S., Bath
HARRISON, John, M.R.C.S. and L.A.C., London
HILSTON, Duncan, M.R.C.S.Ed., Glasgow
HOGG, Francis R., M.R.C.S. and L.A.C., London
INCE, Eugene S., M.R.C.S. and L.A.C., London
KNAGGS, Henry G., M.R.C.S. and L.A.C., London
LAING, John, M.R.C.S.Ed., Aberdeenshire
MACKENZIE, John, M.R.C.S.Ed., Fort Augustus
O'NEILL, Edward J., M.R.C.S.I., Dublin
PALFREY, James, London
PALK, Henry, M.R.C.S., Southampton
POTTER, Henry, M.R.C.S.I., Limerick
PRICE, William P., M.R.C.S., Margate
RULE, Samuel, M.R.C.S., Plymouth
SHETTLE, Richard C., M.R.C.S. and L.A.C., Cann St. Rumbold, Dorset
SPACKMAN, William, M.R.C.S. and L.A.C., Lutterworth
THOMSON, Alexander, M.R.C.S.Ed., Dublin
WAYLEN, Alfred Robert, M.R.C.S. and L.A.C., Western Australia
WILLIAMS, John, M.R.C.S. and L.A.C., Wrexham, N. Wales
WOOD, Alfred J., F.R.C.S., Gloucester

HEALTH OF LONDON:—WEEK ENDING MAY 8TH, 1858.

[From the Registrar-General's Report.]

THE deaths in London, which were 1221 in the first week of April, have in subsequent weeks undergone a gradual reduction, and in the first week of May the number returned was 1056. The period between the cold of winter and the heat of summer is that which is most favourable to the health of the

London population; and under ordinary conditions the mortality may be expected to fall till the middle of June. In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 1055; but as the deaths in the present return occurred in an increased population, they should be compared with the average, after the latter is raised proportionally to the increase—a correction which will make it 1161. Hence it appears that the public health was so far in a satisfactory condition that 105 persons survived, who would have died if the average rate of mortality at the beginning of May had prevailed.

The births of last week exceeded the deaths in the same period by 632.

Diseases of the zymotic character produced last week 242 deaths. Whooping-cough continues to be the most fatal disease in this class, though it indicates a tendency to decrease. It was fatal in 63 cases; measles in 45, scarlatina in 38, typhus (with common fever) in 30, diarrhœa in 9, small-pox in 3, ague in 1. Two deaths resulted from cholera; a child having died from it, after three days illness, in Poplar; and a woman 64 years of age, in Marshall Street, Golden Square, after a brief illness of twenty-three hours. Five fatal cases of diphtheria are returned; one of these, which occurred in Mile End Old Town, is supposed to have been the consequence of effluvia from sewers into which gas-water had been pumped for a considerable time, in the Hackney Road sub-district, where the family had previously lived, but from which they had been recently advised by their medical attendant to remove. Another child in this family had died of the same complaint before the removal, and two others are now ill.

A licensed victualler, 65 years old, died last week from elephantiasis, from which he had suffered for thirty years. The deaths of six nonagenarians are included in this return.

Last week, the births of 868 boys and 820 girls, in all 1688 children, were registered in London. In the ten corresponding weeks of the years 1848-7, the average number was 1629.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·832 in. The mean daily reading was above 33 in. on the last three days. The *lowest* barometrical reading was 29·02 in. on Sunday, and the *highest* 30·26 in. on Friday. The mean temperature of the week was 45·6°, which is 5·8° below the average of the same week in forty-three years (as determined by Mr. Glaisher). The mean daily temperature was below the average throughout the week; on four days, the extent of depression was from 6° to 8°. A north or north-east wind blew on every day. The *highest* point attained by the thermometer in the shade was 63·4° on Wednesday; the *lowest* was 32·1° on Friday. The range in the week was therefore 31·3°. The mean daily range was 22·2°. The difference between the mean dew-point temperature and air temperature was 7·3°. The mean degree of humidity of the air was 76. The mean temperature of the water of the Thames was 53·7°. The rain measured was 0·21 in., which fell chiefly on Sunday (the 2nd inst.), when there were also showers of hail.

POOR-LAW MEDICAL REFORM ASSOCIATION: DEPUTATION TO THE PRESIDENT OF THE POOR-LAW BOARD.

A DEPUTATION from the Poor-law Medical Reform Association had an interview on Friday, May 7th, with the Right Honourable T. Sotheron-Estcourt, at the office of the Poor-law Board. The deputation consisted of Mr. Griffin, President of the Association; Mr. C. F. J. Lord, Honorary Secretary; Mr. J. P. Brooks, Henley-on-Thames; Dr. Rogers, Soho; Mr. J. G. Malone, Queenstown; Mr. W. B. Young, Reading; Mr. C. F. Sutton, Wragby; Mr. J. Luce, Swallowfield; Mr. J. Armstrong, Manchester; Dr. West, Harpenden; Mr. S. Drew, Robertsbridge; Mr. J. R. Hutchinson, St. Albans; Mr. G. E. Nicholas, Wandsworth; Mr. G. Lowndes, Walworth; Mr. J. Chapman, Hounslow; Mr. R. Eager, Guildford; Mr. B. Spaull, Hammersmith; Mr. A. W. Thurnall, Cambridge; Mr. F. Prince, Sawston, Cambridge; Mr. R. Ransom, Cambridge; Mr. L. O. Fox, Broughton; Mr. W. K. Loveless, Stockbridge; Dr. W. Fox; Mr. E. Nason, Nuneaton; Mr. R. Grimbly, Banbury; Mr. G. P. Dunn, Ledbury; Dr. Williams, Aspley, Woburn; Mr. Ross; Mr. Brailey, and other members of the medical profession, amounting to about sixty in number. The deputation was accompanied by Sir John R. Carnac, M.P., Mr. Bramley-Moore, M.P., Mr. A. Mackinnon, M.P., Mr. R. A. Slaney, M.P., Hon. Ralph Dutton, M.P., Mr. Donald Nicoll, M.P., Mr. G. S. Booth, M.P., Mr. W. Roupell, M.P., Mr. G. S. Beecroft, M.P., Mr. R. Ingham, M.P., Mr. T. S. Western, M.P., Mr. R. Campbell, M.P., Mr. P. W. Martin, M.P., Mr. W. W. Beach, M.P., Mr. F. North, M.P., Mr. F. Pigott, M.P., Mr. K. Macaulay, M.P., and Mr. T. Luce, M.P.

Mr. Richard GRIFFIN, of Weymouth, Mr. BRADY, M.P., Colonel NORTH, M.P., and other gentlemen, spoke in support of the objects of the deputation. It was stated, that of 3,000 medical men connected with the administration of the poor-law, 2,000 had joined the Association from which the deputation had emanated. They complained that they had not a sufficient remuneration to enable them to discharge their duties properly towards their poor patients. Returns from 500 medical officers showed that their average receipts were not more than 2*s.* 9*d.* and 3*s.* 4*d.* a case, and in many such they had to travel many miles and supply drugs. One-third of the medical men connected with the poor-law administration had resigned. Some received as little as threepence a case. They desired a uniform scale of payment throughout the kingdom, and that a fixed salary should be adopted, founded on the average number of cases attended during the last three years, to be calculated at not less than five shillings a case, with at least one shilling extra for each mile beyond the first mile, and two shillings for each mile beyond the first five miles the patient resided from the medical officer's house; that a revision of salaries should take place triennially in each union, if desired, either by the poor-law board, the board of guardians, or medical officers. They were also anxious that a medical man, conversant with union practice, should have a seat at the poor-law board, and should exercise special control over the medical department; that poor-law appointments should be permanent; and that medical officers should not be dependent for orders upon relieving officers, to whom guardians in every part of the country improperly delegated their duties.

Mr. ESTCOURT said he thought the present mode of paying salaries was a very bad one, inasmuch as, under the present system, part of the payments were local and part were chargeable on the consolidated fund. He was afraid that the House of Commons would never consent to that portion of the expense which was paid out of the local resources being charged upon the consolidated fund. He felt it due also to the deputation to state, that in any measure he might introduce he should make provision for the payment of drugs, so that that expense should not fall upon the medical officer. He thought, moreover, that the contributions which the state made for relief should be made directly from the government, and should be taken away from local expenditure. [*Hear, hear.*] He was also of opinion, that the salaries of medical officers should be made from time to time to correspond with the work done. At the same time, he must warn them that the House would require a better understanding between medical officers and boards of guardians, and that the legislature would never consent to limit the powers of boards of guardians popularly elected.

The deputation, after thanking Mr. Estcourt, retired.

A POPULAR VIEW OF MEDICAL REFORM.

SUBJOINED is a reprint of the greater part of an article which appeared in the last number of our contemporary the *Observer*:—

"The advocates of medical reform in the House of Commons are rapidly on the increase, and it is likely that, before long, they will become more numerous, if we are to judge by the number of medical bills already brought forward. There are already three in existence; viz. those of Lord Elcho, Mr. Cowper, and Mr. Duncombe. Mr. Headlam promises, with the aid of the medical corporations, to introduce, in an amended form, his bill of last year; but it is more than probable, considering the lateness of the session, besides the well known opposition of the Government to the measure, that no move will be made with regard to it. When contrasted with that of Lord Elcho, Mr. Headlam's bill is decidedly preferable, although open to many objections. The bill of Mr. Cowper, late president of the Board of Health, is one which combines everything which is good in either, and secures that representation of the profession in the proposed council which obtained a majority for Mr. Headlam's measure last year in the House of Commons. In like manner it secures to the profession control over the acts of the council by providing that all regulations or alterations proposed by that body shall first be confirmed by the Home Secretary, and all regulations or alterations proposed are to be published in the *London Gazette*, one month, at least, before

receiving such confirmation. Mr. Cowper's bill also reforms, without destroying, the existing medical and surgical corporations, and enables those institutions to accept new charters of incorporation. The only objections to the bill are, that it does not give to those bodies exclusive privileges, and does not attempt to define what is a physician, surgeon, or apothecary. With regard to the first objection, it must be admitted that with the example of the municipal bodies before us, it would be inconsistent with the spirit of the age to perpetuate evils that are incompatible with progress; and, as to the second, the attempt would be absurd, even if it could be carried out. *Cui bono?* It would not prevent Mr. Lawrence attending a case of consumption, or Sir Benjamin Brodie prescribing in a case of gout or stomach disease. Neither would it prevent a leading physician in a certain London hospital successfully treating club foot.

"It has been repeatedly advanced in *The Observer*, that all legislation with regard to the medical profession must be based on two first principles; to secure to the public duly qualified medical and surgical practitioners; and secondly, for the interests of the public, to protect those practitioners in the exercise of their professional callings. It must be borne in mind that medicine and surgery, as a science, is one and indivisible. Circumstances occasionally create distinctions, and the necessity always will exist of certain practitioners devoting their time more particularly to one special department. The bill of Mr. Cowper recognises all that is necessary for the benefit of the profession and interests of the public, and it adopts the principles advocated in *The Observer* when it states, that 'it is expedient that the qualifications of persons seeking to enter the medical profession, should be tested and declared by competent authorities, and that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners.' Mr. Cowper's bill, whilst it establishes no separate distinction, furnishes an answer to this question, Who are legally qualified practitioners, and where is the boundary line of the medical profession? These are matters which the interests of the public and the profession require to be settled; but there is no need of an attempt to separate, by legal definitions, the branches into which the medical profession naturally divides itself, and the question, who is a physician, a surgeon, and an apothecary, is left to be answered by the corporate institutions who have authority by royal charter or by statute. The public have practically no difficulty in distinguishing between the general practitioners and the consulting surgeon and the consulting physician, and require no help from legal enactments. They might, on the contrary, be misled by any attempt to define, in the strict language of an Act of Parliament, the distinctions which exist in the profession by usage and conviction as much as by law. That a few only of the medical corporations of the United Kingdom are desirous to promote sound reform there is no doubt; and of the few, that which is most prominent in this onward march is the College of Physicians of London. That body is most desirous of amending those laws which have for years kept it as an almost unapproachable body, and in which its licentiates have no voice or control. Of the bill of Lord Elcho it is unnecessary to say a word, for by all ranks and grades in the profession it is ignored; and as to the bill of Mr. Duncombe, it is a most undigested proposal. It is behind the age, inasmuch as it seeks to add to the evils already existing, by promoting an addition to the great sources of the evils of society and the medical profession, by the institution of another corporate body; and in other points, it is deficient in those practical securities for the public welfare which characterise the other propositions now under the consideration of Parliament."

REPUDIATION OF HOMŒOPATHY. The following resolution was passed by the Southampton Medical Society, on December 4th, 1855:—"That a homœopathic practitioner should not be met in consultation by a member of this society under any circumstances."

TO CORRESPONDENTS.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

CLERICAL HOMŒOPATHY. We are prevented by pressure of matter from noticing this subject in the present number. We shall endeavour not to forget it next week.

TO CONTRIBUTORS. The Editor would feel glad if Members of the Association and others, would cooperate with him in establishing as a rule, that in future no paper for publication shall exceed two pages of the Journal in length. If the writers of long communications knew as well as the Editor does, that lengthy papers *always* deter the reader from commencing them, this great evil would never arise. Brevity is the soul of medical writing—still more than of wit.

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Communications have been received from:—MR. J. S. GAMGEE; MR. HOLMES COOTE; DR. DAY; MR. J. H. GRAMSHAW; DR. WILLIAM ADDISON; MR. JAMES HAWKINS; MR. AUGUSTIN PRICHARD; MR. T. HOLMES; DR. R. U. WEST; MRS. WHIPPLE; MR. T. UNDERHILL; DR. C. H. LEET; MR. R. KERSWILL; MR. JAMES CARRUTHERS; REV. J. MC BEAN; DR. INMAN; MR. J. J. POPE; MR. G. V. IRVING; MR. R. S. STEDMAN; DR. W. HENDERSON; MR. O. PEMBERTON; MR. CROSBY LEONARD; MR. J. A. LOCKING; DR. ADAM MARTIN; DR. C. H. JONES; MR. GRIFFIN; MR. W. SELF (with enclosure); DR. T. SKINNER; MR. W. C. MATTHEWS; SIGMA; OBSERVER; FAIR PLAY; MR. J. C. CLENDON; DR. STEWART; DR. STONE AND MR. WILSON; MR. KESTEVEN; DR. BUCKNILL; MR. W. HOAR; DR. CAMPS; and THE REV. JOHN GARRETT.

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By W. T. GAIRDNER, M.D., F.R.C.P.,
Lecturer on Practice of Physic, Edinburgh.

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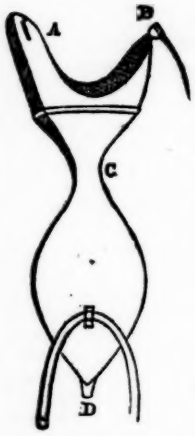

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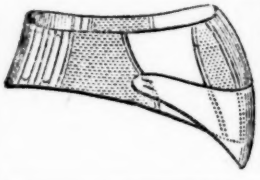

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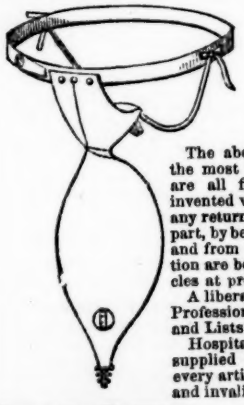

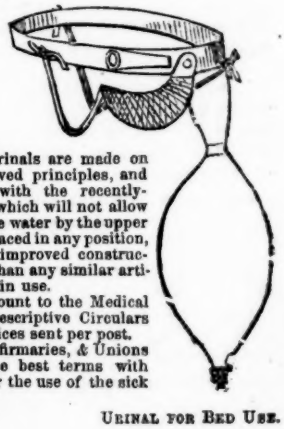

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